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FO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please accoute the retificate, writing the word "pending" in pencil in them 18. Give Pages 1. 2, and 3 to the fundral elector. Page made to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Byrind of Heakth, I are not in any eyest within 72 hours often death.
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10259

10233				Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	here deceased lived. If institut	tion: Residence before admission)
o. COUNTY	MARYLAND	O. STATE MARYLAI	ID 6. COUNTY	MONTGOMERY
b. CITY OR POWER (if purified corporate fimits, write RURAL	c. LENGTH OF STAY IN 16		outside corporate limits, write	and the second s
and give nearest town) BETHESDA	D.O.A	X CHEVY CH	INCE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	INDE	e. IS RESIDENCE
SUBURBAN	Still Hall Day	4803 WELL	THOMON DD	YES NO TO
3. NAME OF First	Middle	losi	INGTON DR.	
DECEASED			OF	The state of the s
FIGURE IL	APHAEL ACO		9. AGE (in years	19 58
MALE WHITE WIDOWER		12/28/23	lost birthday)	Months Days Hours Min.
10a, SUAL OCCUPATION (Give kind of work done 10b. K			or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if refired)		1 7 7 5		72.01
Engineer 1	I.S. Govt.	14. MOTHER'S MAIDEN N	ne	USA
13. FAITER 3 NAME				
Frank R. Acosta 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Tr.	SOCIAL SECURITY NO. 17. M	ALICE FORMANT	e V. Acosta	
[Yes, no, er smhnown] [If yes, give war or dater of rervice]				
Yes Navy WW 2		lice V. Acc	osta-mother-	
18. CAUSE OF DEATH [Enter only one gouse per line of PART 1. DEATH WAS CAUSED BY:		fi anar		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	ocardial Insuf	riency		
4201 DUE TO		2		sudden
(0)	oronary Occlus	1011		
gave rise to immediate cause (a), stating the underlying DUE TO				
cause last. (c)				
Aspiration of gastric 20d. EXTERNAL CALANTERS 20b. DESCRIBE PRIMARY Of CONTROL 20b. DESCRIBE CAUSE OF DEATH.	INTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Aspiration of gastric	contents			YES NO
PRIMARY OF CONTROL OF 206. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Pari	I I or Part II of item 18.)	
9	NJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form bry, street, office bldg., etc.	20f. (City or town)	(County) (State)
Hour o. m. p. m. 19 of wo	rk ot work		x	
21. I certify that I took charge of the r	emains described obo	ve, held an Autops	y . Inspection .	Inquiry, and in my
opinion deoth resulted from: Notural of	couses 🔀, Accident [, Suicide , 1	Homicide, Undeter	rmined manner
SIGNATURE Tranh OBM	whait	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
		ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S NAME (Type) Frank J. Brosch	art.	DEPUTY MEDICAL	EXAMINER 📮 0/2	3/58
220. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	or county) (State)
REMOVAL (Specify) Burial 9/26/58	Arlington N	ational	Arlington,	Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
Robert A. Pumphrey Be	ethesda. Mar	vland DATE	25 '58 are	huy S. Kracia
The state of the s	THE PERSON OF TH	- 4414		

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2	E	10	page 3 shouth be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 stand be filed with	T	
1	S A	415	14)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Rage 4

	20006				Reg.	Dist. No.	
. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL.	b	COUNTY	dence before od	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		its, write RURAL o	nd give nearest t	lown)
	R SPRING	11½ yrs.	56 SILVER	R SPRING			
d. NAME OF HOSPIT	TAL (If not in hospital, give street		d. STREET ADDRESS	ODATAL ATTE	NIT I	0	RESIDENCE
	10,405 LORAIN .	AVENUE	1 10,405 10	ORAIN AVE	NUE	YES	ON D
NAME OF DECEASED (Type or print)	GEORGE	JOHN	ADAMSON	4. DATE OF DEATH	Month SEPT.	Day 22	Yeor 19 58
SEX MALE	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 81RTH 10/31/21	9. AGE lost	(In years IF UNI birthdoy) Month	DER 1 YEAR IF U	
. USUAL OCCUPATION	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN OF WI	HAT COUNTRY
	ing Contractor	(self-employed) WASHINGTO	N, D.C.		U.S.A.	
FATHER'S NAME	THE WALL CONTRACTOR		14. MOTHER'S MAIDEN N	IAME			
EDWAR	D E. ADAMSON	Lating the second second	MINNIE KRI	JETER			
WAS DECEASED EVE	(If yes, give war or dates of service)		nformant s. Elizabeth B	R. Adamso	Address n, 10,40!	5 Lorain	Ave.
Conditions, if a gove rise to i couse (o), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFE)	the under-		Castases NOT RELATED TO THE TERMI	NAL DISEASE CONF	DITION GIVEN IN I	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTING	AS UNDERLYING (1) 206. DES G (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II of it	lem 18.)	163	<u> </u>
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 20d. While of wo	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City or tow	n)	(County)	(State)
actual signature	ERNARD A. FITZG	Tity wald	n occurred at 122/ M.D. 217 Uni	M, from the ADDRESS (Street, ci	couses and or	t last sow to the dote st	
REMOVAL (Specify)	9/25/58	22c. NAME OF CEMETERY C		22d. LOCATION (C PRINCE G	City, town, or count EORGE CO		Stote) LRYL AN D
TUNERAL DIRECTOR		ADDRESS SILVER SPRING,	MD. 24a. SE	P 2 4 58	24b. REGISTRAR'S		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PHECTOR: After this certificate has been signed by the ottending physician and completely filled in increase funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and Chhould be filled with the registror prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10302 CERTIFICATE OF DEATH

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Rea. Dist. No

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1.	PLACE OF DEATH	tgomerv		MAR	YLAND	2. USUAL RESIDER a. STATE Misson		ere deceased	lived. If institut b. COUNT		ince befare a	idmission)
	b. CITY OR TOWN (II		its, write	c. LENGTH OF STAT	Y IN 16			itside carpo	rate limits, write	RURAL and	aive nearest	t tawn)
Ι.	RURAL and give ner	arest tawn)									17	W 3
	Bethesda	N (If not in bounded on		62 days		d. STREET ADD	A 4- 12				(C) 83	
	d. NAME OF HOSPITA					d. SIREEI ADL	DKE22					S RESIDENCE ON A FARM?
	The Clinic:	al Center,	Beth	esda M. I	/Id.	no st	reet	addr	ess)		YI	ES NO
3.	NAME OF DECEASED	Fir	rst	Middl	е	Last		4. DATE OF	Mo	nth	Day	Yeor
	(Type ar print)	John		D. (initi	ial o	mly) All	en l	DEATH	Septemb	er	16.	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARK	IED 🗍	B. DATE OF BIRTH			9. AGE (In years	IF UNDE	R 1 YEAR IF	UNDER 24 HRS.
1	Male	White	WIDOWI	ED DIVORC	ED	October 2	5. 18	888	lost birthdoy)	Months	Days He	aurs Min.
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS						12. CI	TIZEN OF W	VHAT COUNTRY?
	during mast af worki Barber	ng life, even if retired)]	Private		Misso						
-	FATHER'S NAME			FITVALE		14. MOTHER'S M		AME			U.S.	A.e
1												
-	Villiam Al					Matil	da Sv	wicego	ood			
15. (Ya	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give war or dales of s		SOCIAL SECURITY NO	0. 17. 1	NFORMANT The	Medi	ical l	Record Ad	dress		
1	10		Una	scertainab	ole	The Clini	cal (Center	c. Bethe	sda 1	L. Mar	vland
	18. CAUSE OF DEAT	TH [Enter anly and co	use per li	ne for (o), (b), and (c)		7			, ,	100	INTERVA	AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	. 720	to take	the	Ada	Tura	2-0-	Contin 1	the chin	De DISE	AND DEATH
	2371	DUE TO	,	and the same		- Contract		-	Congana	TY THE	7	way.
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	gave rise to im	mediate	1	con fu	nay,	regrasm	-9-6	and o	2 Janes	woon	summer	· ·
	cause (a), stating t	he under- DUE TO			0	/	//		0	- 1	1	
7	lying cause last.) (c					4					
ē	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASI	CONDITION GI	VEN IN PA	RT 1(0) 19. V	VAS AUTOPSY PERFORMED?
₫		Mrse_					77.5-				YE	S NOTE
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of i	njury in Po	ort I ar Part	II of item 18.)			
13	20c. TIME OF INJURY	Month, Doy. Ye	or 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJURY, IHO	me, farm,	20f. (City	or town)		(County)	(Stote)
MEDICAL	Haur a.m.	19	While	Nat while	fac	ctary, street, affice b	oldg., etc.)					
1	p. m.				76	۲0	0	1 2	2/ 7	0		
	21. I certify the	at I attended the	deceas			19. 58.						
	alive an Dept	tember 16,	125	o, and tha	t death	accurred at	: LU A	M, fran	the causes	and an	the date :	stated abave.
		1.00 .	/	7.1	R.		A	DDRESS (SI	reet, city ar town	, state)		DATE SIGNED
	SIGNATURE	William	~ K	Lew	w	M.D. The	Clini	ical (Center		9/16/	58
						Nati	onal	Insti	tutes o	f Hea	lth	
	PHYSICIAN'S NAME (Type)	William R.	Lewi	s, M.D.					Maryland			
220	BURIAL, CREMATION	J. 226. DATE THEREC)F	22c, NAME OF CEA	AFTERY O				ION (City, tawn,	or county)		(State)
	REMOVAL (Specify)	19-21-	58	Rolling	1501	Cometer	/	1110	211/1	2011	M	0
23	FUNERAL DIRECTOR'S	SIGNATURE	U	ADDRESS	1301		-	BY REGIST	DAD 245 DEC	ISTRAR'S S	IGNATURE	C.
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10303 CERTIFICATE OF DEATH

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 Dist	-					

1. PLACE OF DEATH o. COUNTY Montgomer	cv.		MAI	RYLAND	2. USUAL F o. STATE	Maryla		d lived, if insti b. COUN	ITY	before admission) tgomery
	outside corporate limit	s, wrile	c. LENGTH OF STA		c. CITY		outside corpo Chase	rote limits, writ	e RURAL ond gi	ve nearest town)
OR INSTITUTION	AL (If not in hospital, g Lcal Center		All and the same	, Md.	d. STREE	5051 I	Bradle	y Boule	vard	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin Ralp	h		vid	An	derson	4. DATE OF DEATH		Septemb	er 10, Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE			octobe	r 11, 1		9. AGE (In year last birthdo	y) Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATIO during most of work Febrication	N (Give kind of work of inc life, even if retired) Inspector	lone 10b.	KIND OF BUSINESS abricatin		TRY 11. BIRT	Georgi		ountry)	12. CITIZ	U.S.A.
13. FATHER'S NAME Grover And	derson			Wal	L	izzie (Connin			
15. WAS DECEASED EVER (Yes no, or unknown)	R IN U. S. ARMED FORG If yes, give wor or dates of se	(April)	SOCIAL SECURITY N 60-16-804					Record, Bethe		Maryland
	TH [Enter only one col TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	W.	e for (o), (b), ond (o							INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if on gove rise to in couse (o), stating the lying couse lost.	nmediote (ontropica	l Spm	ue					13 yrs.
5 Hyposta	atic Pneumo	nia.	21 hours	3						1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER) (Month, Day, Yea 19	While	IJURY OCCURRED Not while of work			RY (Home, form ffice bldg., etc		or town)	(Co	ounty) (Stote)
				death		The Cl	OM, from ADDRESS (SI inical	the couse reet, city or too Center	s and on the wn, state)	ost sow the deceose e dote stated above DATE SIGNE 9/10/58
PHYSICIAN'S NAME (Type)	DR. G.O. BA	RNET	r, M.D.					titutes Maryla	of Hea	Tth
200. BURIAL, CREMATION REMOVAL (Specify). Bur-Transi	0/= 1/4	8 	20c. NAME OF CE					ferso	n, or county)	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE Pumphre	v B	ADDRESS ethesda			24a. REC	SEP 1 5	RAR 24b. RI	GISTRAR'S SIGI	VATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 PLACE OF DEATH b. CITY OR TOWN RURAL and give Rockv d. NAME OF HOSPI OR INSTITUTION 00 Jos ond NAME OF DECEASED (Type or print) s. sex Male popers 10a. USUAL OCCUPATI during most of wor 13. FATHER'S NAME

23. FUNERAL DIRECTOR'S SIGNATURE

Pumphrey

ADDRESS

Bethesda, Maryland

4 00CA

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

10394 _{Tter}		TE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	b. COUNTY	Montgomery
RURAL and give nearest town)	LENGTH OF STAY IN 16			RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddror in the stree	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOTO
3. NAME OF DECEASED (Type or print) THEODORE	Middle	Lost	eph Street 4. DATE Mor	nth Day Year
S. SEX Male 6. COLOR OR RACE 7. MARRIED		M ARMIGER 8. DATE OF BIRTH Sept. 25, 19	P. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUS		of foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	<u>Jperator</u>	Washin 14. MOTHER'S MAIDEN N		. L US
Unknown 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) (if yes. give wor or dates of service)	CIAL SECURITY NO. 17. IF	Unknow NFORMANT		fress
1B. CAUSE OF DEATH [Enter only one cause per line for		4		INTERVAL BETWEEN
DUE TO	ZFBRAL	EM80215		24 Hours
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	,	-LEFT	CHESI	6 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Monih, Doy, Year 20d. INJURY Hour o. m. p. m. 19 at work	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 206. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I ar Part II af item 18.)	
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. 19 White at work	Nat while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an 14 Sept 1, 19 58		9, 1958, to SI accurred at \$30F		.,that I last saw the deceased and an the date stated above.
ACTUAL SIGNATURE STORES ACTUAL SIGNATURE	herger,		DDRESS (Street, city or town,	
PHYSICIAN'S (7) NAME (Type) Gordon S. Rosenh	nerger	GATHA	RS BURG,	TID
220. BURIAL CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify) 9/19/58	Parkleren C	crematory Cemetery	22d. LOCATION (City, town, Rockvill	or county) (State) Le, Maryland

24a. REC'D BY REGISTRAR DATSEP 2 2 '58

TO HOSPITAL OR TO FUNERAL D page 3 shou the registrar VS A15 (4) 15M 9/55

Poge

within 24 hours ofter deoth.

ATTENDING PHYSICIAN: The law requires that the death certificate be

priar to burial, cremotian, or removal, and in any event within 72 hours

After this certificate has been signed by be detoched for use as the buriol-tronsit permit.

CTOR:

by the hospital ar ottending physicion

at the sale		
	Distanting (
Maria Bergal		
Marita India		
	Car Information III	

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cate has been signed by the attending physicion and campletely filled in transfer funeral director,	he burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with	
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physici	emove	hours
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7	S	96	L	
8	F	page 3 shaw, to detached far use as the burial-transit permit. Then please remave carbon papers. Page	the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.	
	TO FUNERAL FECTOR: After this certificate has been signed by the attending physicion and campletely fil		-	

VS A1S (4) 1SM 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

		TOOL	UU		CLITT	110		0.	PLAI	• •			Reg. D	ist. No		
1.	PLACE OF DEATH	tgomery			MARY	LAND	2. US	STATE	71 -	vl and		. If institution	2.00		re odmiss	
	b. CITY OR TOWN (If RURAL and give nea Potomac	outside carparate limi rest town)	its, write	c. LENGTH	OF STAY	IN 1b	c.	~	hevv	Chas		mits, write R	URAL and	give ne	arest town)
	d. NAME OF HOSPITA OR INSTITUTION Ropine	77 . 77	me	oddress)			19		ADDRESS	Exse		ve.				IDENCE FARM?
	NAME OF DECEASED (Type or print)	A NY NY A	rst		Middle		ΔΤΙ	HLH	ost	4. DATI		Mon Sep		Do	•	Year 19 58
_		6. COLOR OR RACE	7	RIED NEV	1VI		_	E OF BIF				E (In years		PIVEAS	IF UNDI	
	Female	White	WIDOWI		DIVORCE		4	/22	/1872	2	los los	birthday) yrs.	Months	Doys 25	Hours	Min.
100	during most of working Housewif	ig life, even if retired	done 10b.	_	v +	R INDU	JSTRY 1	1. BIRTH	Page .	e or foreign	country)		12. €	ITIZEN C	OF WHAT	COUNTRY
13	FATHER'S NAME	<u> </u>		Own	Home		14	MOTHER	LOWA S MAIDEN	NAME				U.S.	,	
	01. 7	es A. Ho	llow	av					Lavir		?					
	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s		SOCIAL SEC	CURITY NO	1	INFORM	IANT TO	Will a			Add		23	0.0	
=			1	None			rs.	P.	WILL	COX-0	laug	hter-	-sam			
	18. CAUSE OF DEAT	H [Enter only one co	ouse per lii	ne for (o), (i	b), ond (c).	1	0	7	//						ERVAL BE	
		MMEDIATE CAUSE (1	ene	LV	21	1	-1	M	un	10				41	ant
	Conditions, if on	DUE TO	11/	ter	10	SC	le	20	ni						200	ne
	gove rise to im couse (o), stoting the tying couse lost.	mediate (W			5	534					
CATION	PART II. OTHE	R SIGNIFICANT CON	IDITIONS (ONTRIBUTI	NG TO DE	ATH BU	T NOT R	ELATED	TO THE TERM	MINAL DISE	ASE CON	IDITION GIV	EN IN PA	RT 1(o)		RMED?
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY O	CCURRE	ED. (Ente	r nature	of injury in	Port I or f	ort II of	item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m, p. m.	Manth, Doy, Ye	or 20d. II While at war	NJURY OCC	hile	20e. Pl	ACE OF	INJURY	(Hame, for ice bldg., e	rm, 20f. (C	City or to	wn)		(County)		(State)
	21. I certify tha	t Lattended the	deceas	ed_fram/	Jer	_		195	5. to /	172	my	19.55	that I	last s	aw the	decease
3	alive on 1/9	Syl	125	1	and that	death	h accu	rred o	6/			causes o	and on		ite state	
	ACTUAL	ellen	usp	Mu	yll	4	M.D				(311001, 0			/_	75	as 3
	PHYSICIAN'S NAME (Type)	WILLIAM :	S. M	URPH	I	/	6.	15 N	Montg	omer	у Ач	ле.,	Rock	cvil	le,	Md.
220	BURIAL, CREMATION REMOVAL (Specify)	0/2010	OF S		E OF CEM	ETERY C		-	+ 0 2022			City, town,	2.0	_	(Stot	•)
23	FUNERAL DIRECTOR'S	7	0	I Ced:			ur	ema.	tory	C'D BY REG	ISTRAR	24b. REGI	STRAR'S	Y-14-C-1		
	Robert A		77 D	otho		Mr.	חזר".	and		EP 1 8			71 - 0			

135 (11)	HEAD TO BE		nsor	
				Bas y Dans
	MAN TO THE REAL PROPERTY.			Market L
				incomplishing
SOURCE TRANSPORT TO THE				
	S. Philips			
		A Park		

10966

	10306	CERTIFICA	ATE	OF DEATH	1		Reg. Dist.		200		
1, 1	Montgomery	MARYLAND		SUAL RESIDENCE (Who STATE Waryland	ere decease	b. COUNTY	Aontgo				
-	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Bethesda lown)		× Bethesda								
48	I. NAME OF HOSPITAL (If not in hospital, give street of Institution 181 Battery Lane	oddress)	1	/d. STREET ADDRESS 4881 Battery Lane					RESIDENCE I A FARM?		
	IAME OF First	Middle		Last	4. DATE OF	Mon	th	Doy	Year		
	Type or print) CLARENCE	CLIFFORD	AT	WELL	DEATH	Septem	ber 28	,	19 58		
5. 9		RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years last birthday)	Months Da	-			
	Male White widowi	ED DIVORCED	A	lug. 2 187	73	85 yrs.	1 2	6			
10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDL	ISTRY	11. BIRTHPLACE (State of	or foreign o	country)	12. CITIZE	N OF WH	AT COUNTRY		
F	letired Manager Oh	io Audit Bu					U	SA			
13.	FATHER'S NAME		14.	MOTHER'S MAIDEN N	AME						
	Unknown				Unk	cnown					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT		Add	" Dau	ghte	r		
	No 27	5-01-0189 M	rs	Harriet	Blac	kstone-	same	as 2	d		
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	011	0				INTERVAL	BETWEEN ND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	relied 1	M	rombos	ies			Jan.	need		
	332X DUE TO N		- 4		0						
	Conditions, if any, which) (b)	celical a	16	eno ser	lew	res		901	us.		
	gave rise to immediate DUE TO						F				
	lying cause last. (c)										
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	TONT	RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?		
	20a. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (En	ter nature of injury in P	art I or Par	rt II of item 18.)					
MEDICAL	Hour a.m. While	While Not while factory, street, office bldg., etc.)						nty)	(State)		
	21. I certify that I attended the deceas	ed from 2/20		, 1956, tag/	28	19.5%	that I las	t saw th	e decease		
2	alive an 7/2-2, 193		h acc	urred at 6.30 F			-				
		1				itreet, city or town,			DATE SIGNE		
	ACTUAL SIGNATURE Tarel	Roller	MD					C	V29/5		
									7		

PHYSICIAN'S NAME (Type) 4709 Montgomery Lane, Bethesda, Maryland Paul D. Cantor

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Bur-Transit 10/1/58 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Zanesville, Ohio REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR ADDRESS arthur S. Hraus DATE SEP 3 0 '58 A. Pumphrey Bethesda, Maryland Robert

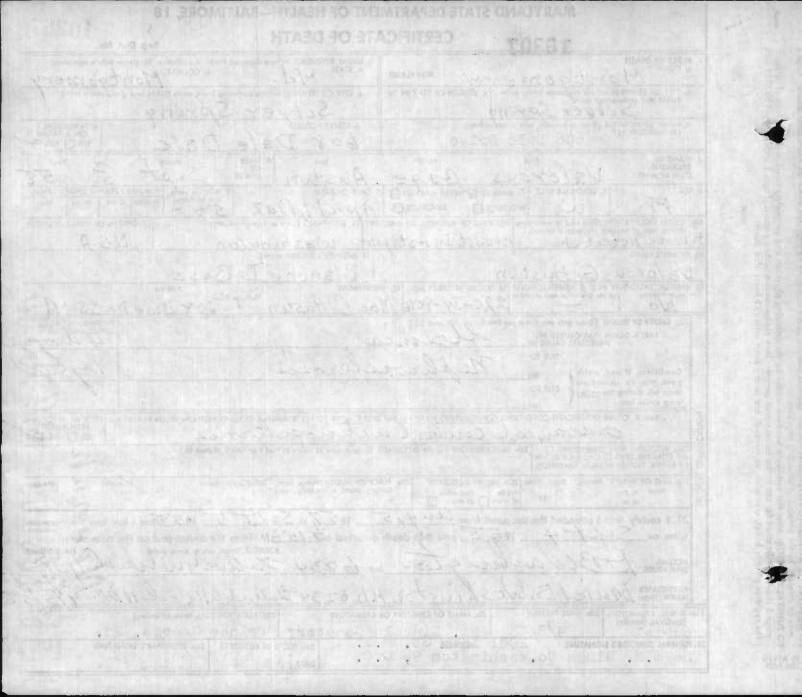
funeral director, M ian and completely filled in garbon papers. Poges I one moy be retoin

requires that the death certificate be executed within 24 hours ofter death; Page 4

VS A1S (4) 15M 9/55

TO HOSPITAL OR

CERTIFICATE OF DEATH OR THE STORY BOAT TO THE REPORT OF A PARTY OF THE the residue beautiful and the first the beginning that the plant to the plant the plan Butter Paul J. Cantor - Wive controllery lane, Second of Maryland de las finales and a la contrata de la contrata del la contrata de la contrata del la contrata de la contrata de la contrata de la contrata de la contrata del la contrata MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10308

CERTIFICATE OF DEATH

10268

	34.0							wedt nis	. 110,	
1. PLACE C				11 0	UAL RESIDENCE (W	here deceased	l fived. If instituti		e before adm	alssion)
	Montgomery		MARYLA	IND	Marvla	and	D. COUNTY		zomerv	
b. CITY	OR TOWN (If outside corporol ond give neorest town)	e limits, write	c. LENGTH OF STAY IN	10	CITY OR TOWN (IF	outside corpo	rote limits, write R			
	thesda		ll hrs.		Bethes	sda				
	E OF HOSPITAL (If not in hosp	-	oddress)	ød.	STREET ADDRESS	3 T			ON	RESIDENCE I A FARM?
	iburban Hospit	2			4525 Wind	dsor La	ine		162	□ NO Ø
3. NAME C DECEASI (Type or	FD.	fint arles	Middle Josey	oh	Avers	4. DATE OF DEATH	Mon		Day 26	Yeor 19 58
5. SEX	6. COLOR OR F	ACE 7. MARI	RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE fin years		YEAR IF UN	
Mal		WIDOW			10/6/82		lost birthdoy) 75 yrs.	Months 1	Days Hour	rs Min,
100. USUAL	OCCUPATION (Give kind of	work done 10b.	KIND OF BUSINESS OR	INDUSTRY 11	. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	ZEN OF WH	AT COUNTRY
auring	most of working life, even if r Retired		.S. Navv Yar	2	Machinet	ton D	0		U.S.A	
13. FATHER		1.0	. D. Navy Iai		Washingt		· La		U.D.A	•
							7			
	ohn E. Ayers				Mary S.	AVETU				
15. WAS DE	CEASED EVER IN U. S. ARMEL		SOCIAL SECURITY NO.	17. INFORMA	ANT		8dd	15 Gle	enbrool	k Rd.
No			Minkanene	Char	les I. Av	zers Jr		thesda		
18. CA	USE OF DEATH [Enter only o	one couse per li	ne for (o), (b), ond (c).]		-	V	whomet		INTERVAL	
	PART I. DEATH WAS CAUSED	BY:					, 0		ONSET AN	ND DEATH
11	IMMEDIATE CAL		many 14	علمصد	ones C	milas	and all		19	U(s-mes-
4-0	(O,O)	UE TO							-	
	itions, if any, which	(b) Unit	in enclar	انت	dut a	Den	20		20	con
	(o), stoting the under-	UE TO								1
	cause lost.	(c)								
Z	PART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RE	LATED TO THE TERM	AINAL DISEASI	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
ATI									YES !	FORMED?
₩ 20g AG	CIDENT WAS HINDERLYING I	20b DES	CRIBE HOW INJURY OCC	TITPRED /Enter	conture of injury in	Port Lor Port	II of item 18.)		1	_ No.84
O (IF EITH	CCIDENT WAS UNDERLYING I NTRIBUTING CAUSE OF DI IER, NOTIFY MEDICAL EXAMI	EATH NER)	CRIDE TION INSIGN OCC	ORRED. (LINE)	notore of injury in					
				Oe. PLACE OF	INJURY (Home, formet, office bldg., etc.	m, 20f. (City	or town)	(Co	ounty)	(State)
WED	our o. m. p. m.	19 While of wor	Not while	1001017.311	cur, orrica biog., en		- 41			
				0.21	1059 . 14.	0	9-16	2		
	certify that I ottended		ten en							e deceased
alive	ou 4.50	, 19	22, and that d	leoth occur	red ot 12:45					
	Dain D	1				ADDRESS (SI	reet, city or town,	stote)		DATE SIGNED
SIGNA	TURE Theligh .	yem	ar	M.D.	Jarlin :	tru U	سن.	D.C	,	
	A	A				-				
PHYSIC	IAN'S (Type) Philip H	James	3			`				
	, CREMATION, 22b. DATE TI	HEREOF	22c. NAME OF CEMET	ERY OR CREM	ATORY	22d. LOCAT	ION (City, town,	or county)	(5)	tote)
	al 9/29	/58	Cedar Hi	ill Ce	meterv	Su	itland.	Mary	land	
23. FUNERA	L DIRECTOR'S SIGNATURE		ADDRESS		24- DEC	O BY DECKT	DAD 24h DEGI	STRAR'S SIG	NATURE	
Roha	nt A Dumnh	row D	otherds 1	Inmarl o	nd DATE S	EP 3 0 '5	58 a	riner S.	Thous	
Robe	rt A. Pumph	Lev D	ethesda, l	laryla	nd DATE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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FOR STATE HEALTH DEPT

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TO DEPUTY MEC'CAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the conficate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral place. Page 4 should be "y worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it, your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

d

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10269 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pag Diet No

		O & Y, FILE G.	-234 10/ //39	O CAC	Reg. Dist. 140.
	1. PLACE OF DEATH		The state of the s		ution: Residence before admission)
Я	Montgomery	MARYLAND	o. STATE	nel b. coun	monto
	b. CITY OR TOWN (If outside congorate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
	A. leves Somme	Cours	56 Dila	1 skrum	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospitol, give street oddress)	d. STREET ADDRESS	11 1	e. IS RESIDENCE
0	Colisville-Beltson	ela Rel	Colesvil	Cle-Belts	elle Rel YES NO P
	3. NAME OF DECEASED (Type or print)	y. Middle Ba	les	OF DEATH 4- 13	th Doy Yeor
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE the years	IFUNDER TYEAR IF UNDER 24 HRS.
1	male cal WIDOW	VED DIVORCED	may 29,1	1974/ 363 / yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retired)	1. 3. You.	Va.		1186
7	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME A	
	Gal Barlon		700000	Rese	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Addres	
	(Yes, ne, or unknown) (If yes, give wor or ddfes of service)	Jos	m T. Lauca	ster -	Ilin 2
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	certe Cardian	tarline		Final dead
	350,5 DUE TO	1	1.		no head
	Conditions, if ony, which) (b)	belester /de	Essures		6 yrs
	gove rise to immediate cause (a), stating the underlying DUE TO				
	cause tost. (c)				
)	PART II. OTHER SIGNIFICANT CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCR	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCR	RIBE HOW INJURY OCCURRED. (Er	nter noture of injury in Part	I I or Fort II of item 18.)	1.00
	To Hour o. m. Wh	H. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (Cily or lown)	(County) (State)
	21. I certify that I took charge of the	remains described above	ve, held an Autops	y , Inspection	, Inquiry , and in my
	opinion death resulted fram: Natural	I causes . Accident	, Suicide ,	Hamicide Undet	ermined manner
	1 1 2 2 2	Àm'.			
	SIGNATURE TRANK OF 13	rosstant	M.D. CHIEF MEDICAL EX	AMINER -	DATE SIGNED
,	- 1/		ASSISTANT MEDICA	AL EXAMINER 🗌 💢	-13-58
	EXAMINER'S HANK J. 13	NUSZhazhit	DEPUTY MEDICAL I		-/5.53
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown,	or county) (State)
	Durial" 19-17-58	I HRIIngt	00)	Hrlingt	on, Va.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	When I Swordle	~ NOCHUITE	DATE	MES 1 1 20 (Tribun S. Kraus
	The state of the s				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10270.

				<u> </u>		OI DEATH			Reg. Dist	No.	512	
1.	PLACE OF DEATH				2.1	USUAL RESIDENCE (Whe	ere decease			e before	e admissio	n)
	. COUNTY Mont	gomery		MARYLA	DIN	Marylar Marylar	nd .	b. COUNTY	Prince	. 11	100	1130
	b. CITY OR TOWN (I RURAL ond give ne	If outside corporate limits,	write c.	LENGTH OF STAY IN	116	c. CITY OR TOWN (If or	utside corpo	rote limits, write R	URAL ond gi	ve neor	rest fown)	V
E		Rural	8	B Days		Lanham		16	5 X - 3	2		
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street addr	ess)		d. STREET ADDRESS				e	. IS RESID	
U		Hospital, Be	etheso	la, Md.		6312 93r	d Ave	.,			YES 🔲	
3.	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Man	ith	Day	Ye	or
	(Type or print)	Curt	is War	ren		BARNARD	DEATH	Septe	mber	19	19	58
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	☐ B. DA	TE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I	-		
-	Male	White w	IDOWED [DIVORCED	17	July 1934		24 yrs.	Months [Doys	Hours	Min.
10	during most of work	ON (Give kind of work don king life, even if retired)	e 10b. KINI	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote of	or foreign c	ountry)	12. CITIZ	EN OF	WHAT C	OUNTRY
N	far iner	mg me, even a verneuj	U.S.	. Navy		South Da	akota		U.	.S.		
13.	FATHER'S NAME				14	MOTHER'S MAIDEN N	AME					
I	onald W. E	BARNARD			200	Alyce Ruby	BABB					
15		R IN U. S. ARMED FORCES		TAL SECURITY NO.	17. INFOR	MANT		Add	ress			
Y	es 9-3-52	to 8-23-56			(Wife) Mrs. Nanc	y L.	BARNARD	(Same	As	#2)	
	18. CAUSE OF DEA	ATH [Enter only one couse	per line fo	or (o), (b), ond (c).]	0					INTE	RVAL BETV	MEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		nda Kui	5 1)	1000-8				ONSE	T AND D	EATH
	201X	DUE TO			7 190					-	1	
	Conditions, if or	ny, which)										
	gove rise to it	mmediate (TEAL.						-	
	lying couse lost.	(c)_										
Z	PART II. OTH	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS AL	JTOPSY
ATIC											PERFORM	MED?
IFIC	20a. ACCIDENT WA	S UNDERLYING [] 20	b. DESCRIBI	E HOW INJURY OCC	URRED. (En	ter nature of injury in Po	ort I or Pari	t II of item 18.)			162.107	40 LJ
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)										
	20c. TIME OF INJUR		20d. INJUR	RY OCCURRED 20	De. PLACE C	OF INJURY (Home, form,	20f. (City	or town)	IC.	ounty)		(State)
MEDICAL	Hour o. m.	10	While	Not while	foctory,	street, office bldg., etc.)			100	011177		(3.0.6)
Z	p. m.		of work	of work _ Sep		10 58 . 19	Sept.	58				
		ot I ottended the de	-	ITOIN		-, 17, 10		17	that I lo			
	alive on 19-E	ept.	19 58	, ond that d	eath occ	urred ot 2:00P.				e date		
	ACTUAL	1) 114.	0-	An			110	reet, city or town,				E SIGNED
	SIGNATURE	Ugarl MI	are	46.	M.D.	U.S. Naval	L Hos	ital, Be	tnesos	1 2 N	MG .	
	PHYSICIAN'S AT	GUST MIALE.	TD T	יווי אמרי דאכיאז		U.S. Naval	Host	ital. Be	thesda	3 . 1	۸d.	
22				LT,MC,USN						,, .		
ZZ	Burial, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF		c. NAME OF CEMETE				TION (City, town, o	. ".		(Stote)	
22	FUNDAMA DIRECTOR	1, -3,		Arlington	Nat.T			gton, Vi			-	
23 .	100		~ / /	ADDRESS	inond	ale, Modate SE	P 2:3		strar's sign	1		
	W.W. Chamb	CIO, JOUT O.	TEAC TO	THU MYES, IN	TACTO	OTC STANDALE OF	. 2 .		1 400.7			

may be retained by the hospital ar altending physician.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician proceeding filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be VS A15 (4) 1SM 10/57

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(manya) massasa ni				2-0-11-00

ALTERNATION OF THE PROPERTY AND ADDRESS OF A COMMERCIAL PROPERTY AND ADDRESS OF A COM

Isary, please for. Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the control of sicole, writing the word "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral little at should be yearded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in purewent within 72 hours after death.

VS A1SME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10971

		J.,	U	14	9	
Reg.	Dist.	No	o.			

	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
18	Mortagonery MARYLAND	a. STATE med b. COUNTY Monta	
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	
	Melsen Spins 6 4m.	56 Nelver Spins	
	A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE	E
	1915- LAW of Rd.	1915-10Tent Trove Ad YES NO B	
3.	NAME OF First Middle	70 110	2
	DECEASED (Type or print)	D OF O I A	,
5. 5	William organismo	Swor / June 6 1138	10
1	D. C.	tost birthdd Months Days Hours Min	٥.
-	male white WIDOWED DIVORCED	2-22-1900 58 yrs.	
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MORE)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	1Y?
	machine 1.0. West	Maryland as-S. a	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	18m Bar	Lelia Lenert	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address A	
1"	(If yes, give war or dates of service)	lls. Barn (wit) the 2	
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSIT AND DEATH	
	PART I. DEATH WAS CAUSED BY:		
		Eclusion Fouch de	4
	420.1 DUE TO	in bud	
	Conditions, if any, which (b)		
	(o), stoting the underlying DUE TO		
	couse fost. (c)		
ğ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED?	ť
CATION		YES NO K	1
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	(Enter noture of injury in Port I or Port II of item 18.)	
_	CAUSE OF DEATH.		
3	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
MEDI	Hour a.m. While Not while of work of work	tory, street, office bldg., etc.)	
~	21. I certify that I took charge of the remains described ob	ove held an Autony D. Innestin- Ø Inni	
			У
	opinion deoth resulted from: Notural causes (), Accident	, Suicide, Homicide, Undetermined manner	
	ACTUAL F- 10 Bosef +	DATE SIGNED	
	SIGNATURE Must). Northart	M.D. CHIEF MEDICAL EXAMINER _	
	EXAMINER'S TO A LAND TO S	ASSISTANT MEDICAL EXAMINER 9-6-50	
	NAME (Type) FANK V - Broschast	DEPUTY MEDICAL EXAMINER	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lown, or county) (State)	
1	Buria 1 Sept 8,1958 Glenwood	Washington DC	
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
14	Deal Funeral Home 4812 GA	Ave NU DATE SEP 1 0 '58 Carthury S. France.	

	CONTRACTOR OF STREET	
The Court of the C		
Entransmin mont		

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10270

CERTIFICATE OF DEATH

10272 Reg. Dist. No

										-	. D. 11.	•	
		PLACE OF DEATH	- 1				2. USUAL RESID	ENCE (Where	deceased live	I. If institution:	Residence befo	ore admission	on)
	1	nontoem	LRIL		MA	RYLAND	MARI	and		b. COUNTY	terom	cry	
	ŧ	b. CITY OR TOWN (I	f outside corpo	rote limits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR T	WN (If outsi	de corporote li	mits, write RURA	L on I give ne	arest town)	
	Ti	akoma T	ARK		22 ho	LRS	TAKOW	AT	ARK	17	4		
	(d. NAME OF HOSPIT		ospitol, give stree	et oddress)		d. STREET A	DDRESS	~	2/1		e. IS RESII	DENCE
	4	1001 4 - 0	ton	An. Y	HOS D.		6800	Red	Top	Kd.		YES 🗍	
		NAME OF ()	DI	First	Mid	1 1	ASHWIN	ER 4	DATE	Month	Do	-,	eor
	-	(Type or print)	17	lilip	MAR	tin	DESMINAX	XXX	DEATH	DEPT.	1	5 1	958
	5. 5	SEX P	6. COLOR O	R RACE 7. MA	RRIED NEVER MAI	RIED 🗌	B. DATE OF BIRTH	1	9. AC		onths Doys	Hours	Min.
	1	MAIR	whi		WED DIVOR		9 18	82		7,5 yrs.	1 27		
	10a	during most of work	ON (Give kind ing life, even in	of work done 10 if retired)	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State or I	oreign country		12. CITIZEN C	OF WHAT	COUNTRY?
	-		DRESI	MAN	PRESSIN	ner	Ne	00	ORK		Cone	Rici	4
1	13.	FATHER'S NAME	0	. BA	SHWINNER		14. MOTHER'S	MAIDEN NA	E C				
		MARtin	DA	XXXXXX	ex R			bel (ARUE	nee			•
/	1S. (Yes	i, no. or unknown)	R IN U. S. ARA If yes, give wor o	AED FORCES? 1.	S. SOCIAL SECURITY I	10. 17. 1	NFORMANT		, ,	Address	. 1		
		NO			Unknown	P	t. nos	p.C	hart	+	wid	e-	
		The second second			line for (a), (b), and (c).]		1				ERVAL BET	
		PART 1. DEA	TH WAS CAUS	AUSE (o)	ELANDE	ARCO	Noma.	TRIM	AV-C	OLON		LONT	
		100.0		DHE TO									
		Canditions, if o		(b) W	THMETA	STA	sis TO	LUNG.	S. BLAL	DIER LI	VER	11	
		gove rise to it couse (o), stoting		DUE-TO				M					
		lying couse lost.)		DLEFTI		RETER						
5	CATION	PART II. OTH	IER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE CON	IDITION GIVEN	IN PART 1(0)	19. WAS A PERFOR	UTOPSY MED?
_												YES Y	
	CERTIFI	20a. ACCIDENT WA	CAUSE OF	DEATH 20b. DI	SCRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in Port	1 or Port II of	item 18.)			
	- 1	(IF EITHER, NOTIFY				100 81							
	MEDIC	20c. TIME OF INJURY Hour o. m.	r Month, E	Whit	INJURY OCCURRED	foo	ACE OF INJURY II tory, street, office	bldg., etc.)	20f. (City or to	wn)	(County)		(Stote)
	ME	p. m.		19 of w	ork of work								
		21. I certify th	at lattend	ed the deced	sed from	na	19.5	, to	2pt	195 8,11	nat I last so	aw the c	deceased
		alive on	PIJ	, 19	5 m, and in	at death	accurred at	3 3 1	A, from the	causes and	on the da	te state	d abave.
		9	1/	2	A		7.1	ADE	RESS (Street,	city or town, state	7.0.	DAT	TE SIGNED
1		SIGNATURE 2	mast	1, 00	200 m		M.D. 1006	new &	ompou	- the	K. I. h	0. 7	15/58
		PHYSICIAN'S		1 0			=00/		1			100	
		NAME (Type) 1		A Saro						re Ave		Pk.	Md.
		REMOVAL Specify)	10/20	THEREOF	22c. NAME OF CE				d. LOCATION	City, town, or co	iunty)	(Stote)	
	В		A/TR	158	Parkla	awn (Cemeter		Rockv		Maryla		
	6	FUNERAL DIRECTOR'S	T	1-	ADDRESS	2.5		24o. REC'D B		24b. REGISTRA	R'S SIGNATUI	RE	
	170	edaleto y	- ump	hrey .	Bethesda	, Mar	ryland	DATE DE	1 8 '58	art	hung & the	-11.4	

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VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10273

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	
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Reg. Dist. No. 10977 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN III autside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO unn 1110 NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 195 F 5. SEX 6. COLOR ON RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In wors IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED W DIVORCED 10a. SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) houseword 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war et dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? Melletin NO D 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while a m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection / Inquiry / Inquiry and in my Suicide . Homicide . Undetermined manner opinion death resulted fram: Natural causes (4), Accident (1), ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER J. Broschart DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 5

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	IARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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10274

10313

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COLINTY
Montgomery	District of Columbia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda (Rural) 4 days	Washington 47x 3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
U. S. Naval Hospital, Bethesda, Md.	529 Eames Place, N. E. YES NOX
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Yeor OF DEATH Contombox 10 158
(Type or print) Lillie Mae Roebuck	PETCHET 13 100
TOTAL	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female Negro WIDOWED DIVORCED C	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife Housewife	Georgia U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elizah ROUNTREE	Lula HENDERSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
Yes. no. or unknown (If yes, give war or dates of service)	Husband) Joe N. BELCHER (Same as #2)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	Teiline ONSET AND DEATH Tmmediate
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Myocardial	r ratrone Tumedrage
182,4 DUE TO	
Canditions, if ony, which) (b)	
gave rise to immediate couse (a), stating the under-	
lying couse last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES X NO
The second state of the se	D. (Enter nature of injury in Port I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (Enter nature of inputy in Port 1 of Part II of Hem 16.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. p. m. 19 While Not while at wark of work	lory, steen, office blog., etc.)
	ber, 19.58, to 19. September 19.58, that I last saw the deceased
alive an 19 September , 19 58 , and that death	occurred at 7:40 PM, from the causes and an the date stated above.
lumin > 0 but	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE DOUC LOS K-KOTO	M.D. U. S. Naval Hospital, Bethesda, Md. 9-20-
PHYSICIAN'S NAME (Type) Douglas R. KOTH LT MC USN	U. S. Naval Hospital, Bethesda, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, ar county) (State)
Burial 9-24-58 Arlington Nat	'l Cemetery Arlington Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
SPANGLER Funeral Home, 524, 8th St., N. B	F Weeh D Date SEP 2 3 58 Chilling S. Thank
STANGET FUIETAL HOME, 72-7 OUR St., IV.	3 4 Herbitt + District A

7500			Tampolas.	
	modern de se)	n Je
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	19094 Tennestye		FILE	
	Aur so	wZlybnuch.		
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	and the	Entropy SunA	ngice duran	
per le comment de la comment d	ope 12 Az or zan			
	oge 'Can Sin 220 oge 'Can Sin 200 oge 'Can Sin		The second secon	
	oge 'Can Sin 220 oge 'Can Sin 200 oge 'Can Sin			

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	10.	116		7 1 10	OI DEAT	••		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	MONTGOME	RY	MARYLAND	2. US	STATE MARYLA		ed lived. If institu b. COUNT	***	nce before		
b. CITY OR TOWN (RURAL and give n	If autside carporate limearest town) BETHESDA	its, write	c. LENGTH OF STAY IN 16	c. ×	CITY OR TOWN (IF BETHESDA		porote limits, write	RURAL ond	give neare	est town	•)
OR INSTITUTION	TAL (If not in hospital, (UBURBAN	give street	address)	1 9	Seven Lo	ocks R	oad			ONA	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fin G	race	Middle	Blo	lost	4. DATE OF DEATH		onth eptemb	Doy er 4		Yeor 1958
s. sex Female	Colored	WIDOWI		Fel	E OF BIRTH		9. AGE (In year last birthday)	Months	Days	F UNDE Hours	R 24 HRS Min.
Domesti	king life, even it refired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 1	1. BIRTHPLACE (Stoke Unknown		cauntry)		USA	WHAT	COUNTR
13. FATHER'S NAME				14. /	MOTHER'S MAIDEN		AL DE				
	Unknown				Genevi	Lva Mas	son				
	(If yes, give war or dates of s	ervice)		Jer	ant ny Wells	(frie		ldress	44		
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	171	re for (a), (b), and (c).]	1					INTER ONSET	VAL BE	DEATH
Conditions, if a gave rise to i cause (a), stoting lying cause last.	mmediate (0	enerolised a	ter	ode las	resi	-		Les	kn	ner
PART II. OTH			ONTRIBUTING TO DEATH BU	IT NOT R	ELATED TO THE TERM	MINAL DISEAS	SE CONDITION G	IVEN IN PAR		WAS A PERFOI YES D	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRÍBE HOW INJURY OCCURR	ED. (Ente	r nature of injury in	Part I ar Pa	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yes	While at warl	Nat while	PLACE OF actory, st	INJURY (Hame, formenter) (Hame, formenter) affice bldg., etc.	m, 20f. (Cit	y ar tawn)	(County)		(State)
1	of I attended the	decease , 19_	Hunters	h occu	1947), to 197	M, fro	m the causes Street, city or town	Othot I ond on ti n, state)		state	
PHYSICIAN'S NAME (Type)			0								
READY LESTON) / NOT	al .	Sold 1,0	OR CREM	Home	Wa	TION (City, town,	5+01), [Stote	'd 1
23. FUNERAL DIRECTOR	2 L	11	ADDRESS	- 14	7 h. 112 .	D BY REGIS		ASTRAR'S SIG			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL LACTOR: After this certificate has been signed by the ottending physician and completely filled in bythe funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotion, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

EXECUTE A SECURITION OF SECURI	
CEP makes recorded and	

FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10276

10315	Reg. Dist, No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
montomery	MARYLAND O. STATE In . O b. COUNTY Monito
b. CITY OR TOWN (If outside Coparate limits, with BURAL c. LENGTH OF	F STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
1 /10 / Alberta 1 1 cm	in. Relia Openio 56
d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street	t address) d. STREET ADDRESS / e IS RESIDENCE
12621 Epping Rd	12623 Egping Rd VES NO DO
DECEASED	iddle Lost 4. DATE Month Day Year
(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED N MEYER N	Boland DEATH Slot 29 1958
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lost birthloy Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE	ORCED 7-28-07 S/ yrs. Solution State of State of Fareign Country 12, CITIZEN OF WHAT COUNTRY
during most of working life, even if refired)	11+ 100
13. FATHER'S NAME	111000
1100 H 0 00	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17. INFORMANT Address
no Iff yes, give wor or dates of service) 10 10 10 10 10 10 10 1	1.0
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	(C).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cironary occlusion sudden	
420.1 DUE TO	
Canditions, if any, which) (b)	
gave rise to immediate couse (a), stating the underlying DUE TO	
cause tost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	PERFORMED? YES NO A
let irkimaki Li or Cunikibuling Li	OCCURRED. (Enter noture of injury in Part II or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURR While Nat while 1 work of work of work of work of work	RED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (Caunty) (State) foctory, street, affice bldg., etc.)
	cribed above, held on Autopsy 🔲, Inspection 🔀, Inquiry 🔀, ond in my
apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ACTUAL A DATE SIGNED	
SIGNATURE MEDICAL EXAMINER M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S FLANK J. Brosch	ASSISTANT MEDICAL EXAMINER 9-29-58 DEPUTY MEDICAL EXAMINER 9-29-58
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
	ON NAT'L. CEMETERY ARLINGTON, VIRGINIA
22- FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
Raymond a. Igenta, SILVER SPRING, MD. DATE OF 1 '58 arthur & thouse	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is precessary, please execute the chificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funero class. Page 4 should be younged to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death. VS. A15ME 5M 2/57

A STATE OF THE PARTY OF THE PAR A CHARLEST AND THE PROPERTY OF

VS A15 (4) 15M 10/57

10316

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0316 CERTIFICATE OF DEATH

10277 Reg. Dist. No

1. PLACE OF DEATH 3700 McCOMA ST KENSII O. COUNTY, MONTGOMERY M.D.	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTOW D	OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF HOSPITAL (If not in hospital, give street address)	HOME d. STREET ADDRESS 2406. 1973 St NW. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print)	Middle BOOKWANTER 4. DATE Month Day Year OF DEATH SEPT 47 1958
12/1/2016 /1/1/1/20	DIVORCED NOV 24_1883 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 80: during most of working life/even if retired) MISSIONARY ChoF Soc	UTITADIA KNOXVILLE TENN. USA
NEWIS BOOKWANTER	EMMA GUITNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECL	MRS RUTH HUMMEL 2406 1973 ST NW.
22/	o), and (c).] O-vascular accident interval setween onset and death year
Conditions, if ony, which gove rise to immediate cause (a), stating the under-	tension 10 year
1ying couse fost. (c)	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Hour o. m. p. m. 19 While Not whi of work of work	hile foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on Sept. 4 , 1957 , an	May 13 , 1957, to Alphi 4, 1958, that I last saw the decease and that death accurred at 177 M, fram the causes and on the date stated above
ACTUAL SIGNATURE Ratharine A. Chaps	MADDRESS (Street, city or town, state) DATE SIGNE MAD. 3924 BASTO-AVE KENSINGTON. Sept. 4, 19
PHYSICIAN'S KATHERINE P. CHI	HPMAN 3924 BALTO AVE KENSINGTON MD.
REMOVAL (Specify) SEPT 6/958 Ced	E OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

The manufacture of the new legities remained to the first of the second state of the first of th

FOR STATE HEALTH DEPT.

s necessary, please rector. Page spror your files. Board of Preath, M O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the partificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funct. A should the provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

B	9	
VS.	A15ME	
54	A 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10278

10317					Reg. Dist. No).
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased fiv			
Montgomery	MARYLAND	o. STATE Md		b. COUNTY	Monte	gomery
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate	limits, write R	URAL ond give n	searest town)
Bethesda		× Be	thesda			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
9404 Kingsley Ave		9404 K	ingsley	Ave		YES NO Z
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Year
(Type or print) MARTANNA		BORZI	DEATH	Sept	26	1958
5. SEX 6. COLOR OR RACE 7. MARRIE	ED D NEVER MARRIED 8.	DATE OF BIRTH	9. AC	Ninth Acres	FUNDER TYEAR	
Female White WIDOWE	D DIVORCED	12/8/1883		74 yrs.	Months 10gys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. R during most of working life, even if retired)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
Housewife		Italy			US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Paul R Borzi		Santa	Caldera	ro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IA	FORMANT		Address		
NO 5	78-46-8824B	Mary G Bo	rzi Dtr	Same	# 2	
18. CAUSE OF DEATH [Enter only one couse per line					INTE	RYAL BETWEEN LT AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACU	te congestiv	e heart de	sease		m.	inutes
170 × DUE TO						3.5
	nic Cardio -	renal des	ease			l mo.
gave rise to immediate cause						
[(o), storing the onderlying)	inoma of lef	t breast w	ith met	asyas	is	7 mo.
						9. WAS AUTOPSY
CATE						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (E	nter noture of injury in Port	l or Part II of ite	n 18.)		
3 20c, TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City or to	wn)	(County)	(State)
20c. TIME OF INJURY Month, Day, Yeor 20d. I While of wa		ry, street, affice bldg., etc.				
21. I certify that I toak charge of the	remains described above	ve, held an Autapsy	/, Inspec	tion [4,	Inquiry X	, and in my
opinian death resulted fram: Notural of	auses K. Accident	7. Suicide 17. H	domicide .	Undeterr	nined manne	
1.	7					
SIGNATURE TRANS	montes &	M.D. CHIEF MEDICAL EX	AMINER -			DATE SIGNED
	- V- Crava	ASSISTANT MEDICA	AL EXAMINER			
EXAMINER'S NAME (Type) Frank & Br	oschart	DEPUTY MEDICAL E	EXAMINER 🔯		9/26/5	8
220. BURIAL, CREMATION. 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	City, lown, or	county)	(State)
Burial 9/29/58	Gate of Hea	ven	Silver	Spri	ng, Ma	ryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR		RAR'S SIGNATUI	
Robert A. Pumphrey Be	thesda, Mary	land DANED	3.0 '58			
			-1 U 38	Christian	1 S. Traus	

On a contract of	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

Sweeks

(County)

PERFORMED? YES NO

(Stote)

DATE SIGNED 9/18/58

(Stote)

YES NO

Yeor

1958

hours

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		Secretary 19201	
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			a library of the
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EKEN.	TO HER THE TENT OF THE SECOND	100 S 100 S 100 S 20 S 20 S 20 S 20 S 20	

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CERT	IFICATE	OF I	DEATH
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anthon & thous

-										Reg. Dist	. No.	
		LACE OF DEATH COUNTY	gomerv		MARYLAND	o STA			d lived. If instituti b. COUNTY	on: Residence		Ission)
		B. CITY OR TOWN	(If outside corporate fin nearest town)	nits, write c. LEN	GTH OF STAY IN 16	c. CIT	OR TOWN (IF	outside corpo	prote limits, write R			wn)
00	(OR INSTITUTION	ITAL (If not in hospital,			d. STE	cingfice ADDRESS		Pood.			ESIDENCE A FARM?
			kston Roa	d .		1,200	Park	3 6011	noau		YES	NO
		NAME OF DECEASED (Type or print)	MARY	JOSI	Middle EPHTNE	BROA	Lost DBENT	4. DATE OF DEATH	Sept.	1h 3 .	Day	Year 19 58
201	S. S	SEX	6. COLOR OR RACE			B. DATE OF	BIRTH		9. AGE (In years		YEAR IF UN	
		Female	White	WIDOWED	DIVORCED [Dec	. 25. 18	386	lost birthday) 71 yrs.	Months D	Days Hour	s Min.
)	10o.	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b. KIND O	F BUSINESS OR INDI				ountry)	12. CITIZ	EN OF WHA	AT COUNTRY
		Housew					New You	rk			US	
	13.	FATHER'S NAME				14. MO1	HER'S MAIDEN	NAME		- 11-		
		John R	vder				Max	rgaret	?			
			ER IN U. S. ARMED FO		SECURITY NO. 17.	INFORMAN			Add	ress		
	(103	No	(If yes, give war or dates of	None		Leonar	d S. Br	oadben	t-same as	item	#2	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE ONSET AND DEATH 7 MO.											
		Conditions, if gove rise to couse (a), stating	immediate DUE To	ART	ERIOS LER	osis,	GEN	ERAL			4	YRS.
		lying couse lost	. 1	(c)								
0	CATION		:) ((c) NDITIONS <u>CONTRIB</u>	UTING TO DEATH BU	IT NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
0	CERTIFICATION	PART II. O		20b. DESCRIBE HO	OW INJURY OCCURR					'EN IN PART	PER	FORMED?
0	ᄪ	PART II. O	THER SIGNIFICANT COI	20b. DESCRIBE H	OCCURRED 20e. P	ED. (Enter no		Port I or Por	t II of item 1B.)		PER	FORMED?
0	CAL CERTIFI	PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m.	THER SIGNIFICANT COI	20b. DESCRIBE HI 20b. DESCRIBE HI 20d. INJURY C While Not work of	OCCURRED 20e. Pot white work	PLACE OF INJociory, street	URY (Home, form office bldg., etc.	Port I or Port n. 20f. (City SEPT. A.M., from	or town)	(Co 8,that I lo	PERI YES ((Stote) e deceased
0	CAL CERTIFI	PART II. O 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify I alive an ACTUAL SIGNATURE	THER SIGNIFICANT CONTACT THE S	20b. DESCRIBE HOWARD PROPERTY OF THE PROPERTY	OCCURRED 20e. P	PLACE OF INJoctory, street. ——————————————————————————————————	URY (Home, farm office bldg., etc. 56, ta., d. at. 10.4	Port I or Port. n. 20f. (City SEPT. A.M., from ADDRESS (S	or town) 3., 19.5. The causes of treet, city or town,	(Co 8 , that i lo and on the state)	penty) pounty) post saw the date sta	(Stote) e deceased
0	MEDICAL CERTIFI	PART II. O 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) - BURIAL, CREMATI	THER SIGNIFICANT CONTACT THE S	20b. DESCRIBE HO 20b. DESCRIBE HO White Not work of the deceased fra 19.578	OCCURRED 20e. Pot while work	PLACE OF INJ octory, street. 9, 19 h accurre M.D. CONSI	URY (Home, form office bldg., etc. 56, ta., dat. 10.4	Port I or Port. m. 20f. (City.) SEPT. A.M., from ADDRESS (S	or town) 3., 19.5. The causes of treet, city or town,	(Co I, that I id and on the stote) Maryl	penty) ast saw the date sta	(Stote) e deceased
0	MEDICAL CERTIFI	PART II. O 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	THER SIGNIFICANT CONTACT THE S	20b. DESCRIBE HOWARD DESCRIBE	OCCURRED 20e. Por this work 10 m. May 10 m. Ma	PLACE OF INJOCTORY, STREET, 9, 19 h accurre M.D	URY (Home, form office bldg., etc. 56, ta., dat. 10.4	Port I or Port. SEPT. A.M., from ADDRESS (S	or town) 3, 195 the causes of treet, city or town,	(Co I, that i lo and on the stote) Maryl	penty) ast saw the date sta 9. Land	(State) e deceased the debove DATE SIGNEE ofe)

Bethesda. Maryland

10210

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 dby the hospital or attending physician.

ECTOR: After this certificate has been signed by the attending physician and campletely filled in the function director. TO HOSPITAL OR may be retoing TO FUNERAL

Robert A. Pumphrey

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and the state of	T, 200 27 1 1 1 2 2	- SEANCH LITTLE	and the	S SOT AMOUNT
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executed within 24 haurs

ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR may be retaing TO FUNERAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10320

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	n: Residence before admission) Montgomery
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) Be thesda (Rural)	imits, write c. LENGTH OF STAY IN	W. The state of th	
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION U.S. Naval Hospital	, give street address)	/d. STREET ADDRESS 5112 Moreland Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Char	First Middle Les Waite Orvil	le BUNKER 4. DATE Mont	
S. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last bythday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of word during most of working life, even if retire Physician	tk done 10b. KIND OF BUSINESS OR II U.S. Navy (Reti	NDUSTRY 11. BIRTHPLACE (State or foreign cauntry) red) Towa	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles BUNKER		14. MOTHER'S MAIDEN NAME ISO18 BEASSWELE	
15. WAS DECEASED EVER IN U. S. ARMED FI (Yes. no. or unknown) [(It yes. give wor or dotes or Yes WW I & II		7. INFORMANT Addre (Wife)Mrs. Eleanor G. BUNKER	
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	(6) acute Piel	humay Eddwa histre Heart Resis	Many fi an
PART II. OTHER SIGNIFICANT CO	dema (BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVE LICANUS Y JUNE. JERRED. (Enter nature of injury in Port I or Port II of item 18.)	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	H (3)	E. PLACE OF INJURY (Home, farm, 20f. (City or town)	
Hour o. m. 19	While Not while ot work of work	factory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the alive on 17 September ACTUAL SIGNATURE PHYSICIAN'S R. J. Pearson	19 58, and that de	ADDRESS (Street, city or town, s M.D. U.S. Naval Hospital, Bet	nd on the date stated above. tote) DATE SIGNED the sda, Md. 9-17-58
220. BURIAL, CREMATION, 22b. DATE THER CREMOVAL (Specify) 9-22-58			county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE R.A. Pumphrey, 7557	Wisconsin Ave., Be		TRAN'S SIGNATURE

Consequence of the consequence o	TOP HEALTH-LAUMING	VEATTHAILED ST	ATE CHALLYSIA	Maria
The state of the s		CERTIFICATE	- OCEAN	
Temporary (Corrections of the Corrections of the Co				
Correct Control Contro	the trailer			
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				Name Invol. 3.0
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HEALTH DEPT.

fector. Page necessory, please of Health TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the calculate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral Misselvand be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL WRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, ar removal, and in any evert within 72 hours after death.

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VS. AISME 5M 2/57

*		Mr.		
MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
MEDIC	AI EV	A MAINIED'S C	EDTIEICATE OF DEATH	

10282

10	MEHICAL	em Il Film	C233 9/19	FICATE O	F DEATH	Reg. Dist. N	lo.
PLACE OF DEATH	021	, etc d. F. - d.	1922		coased lived. If institu		
o. COUNTY minta	mery	MARYLAN	O. STATE	md	b. COUNT		to
b. CITY OR JOWN (If outside corporate im and givernoras) (Item)	its, write RURAL C	LENGTH OF STAY IN 1	6. CITY OF	TOWN (If outside	corporate limits, write	RURAL and give	negrest fown)
d. NAME OF HOSPITAL OR INSTITUTE	ON (If not in hospite	al, give street address)	d. STREET	ADDRESS		1	e. IS RESIDENCE
3302 We	eller R	Ref		3020	Weeler	Ref	YES NO
3. NAME OF DECEASED (Type or print) Educad	First Cath	ich S	Burke	4. DAT OF DEA		1 9	Year 1955
5. SEX 6. COLOR OR I	RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In year)	IF UNDER WEA	
male whit	WIDOWED (DIVORCED [5- :	2-96	62 yrs.	Months Doys	Hours Min.
Ioa. USUAL OCCUPATION (Give kind of during most of working life,, even if rel		D OF BUSINESS OR IND	JSTRY 11. BIRTHPL	ACE (State or foreign	gn country)	12. CITIZEN	OF WHAT COUNTRY
Water front Con	1. N	state	1	nase		21	1.8 C2
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
I do Va	truit 1	Burky -		UNKNO	OWN		
15. WAS DECEASED EVER IN U. S. ARMI [Yes, no, or unknown] (If yes, give wor or d			Police 1	Burla ((2m)	Itu	- 2
18. CAUSE OF DEATH [Enter only o	ne couse per line for					INI	TERVAL BETWEEN
PART 1. DEATH WAS CAUSED IMMEDIATE CAU		croncery	rerle	nen		- Con	and alder
Conditions, if any, which	(b) 9E TO	T					
PART II. OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE H	OW INJURY OCCURRED	. (Enter noture of in	jury in Port I or Par	rt II of item 18.)		
20c. TIME OF INJURY Month, Do	y, Yeor 20d. INJI While 19 of work	Not while f	PLACE OF INJURY (octory, street, office	Home, form, 20f. (bldg., etc.)	(City or town)	(County)	(Stote)
21. I certify that I taak ch	arge of the rer	mains described a	bove, held an	Autopsy .	Inspection 🔀	Inquiry &	, and in my
opinion death resulted from	n: Natural cau	uses . Acciden	D, Suicid	e [], Hamici	ide [], Undete	rmined man	ner 🗌
ACTUAL SIGNATURE FRANK	J. Bro	arhent	M.D.	MEDICAL EXAMINER			DATE SIGNED
EXAMINER'S FAN	KJ.B.	1082125		MEDICAL EXAMINE		9-9-	5-8
220. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify) BURIAL 9/11/5	IP/	ARKLAWN CEM	OR CREMATORY ETERY		OCATION (City, town, oNTGOMERY C		(Slote) MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE	1 -6	ADDRESS	10 11	240. REC'D BY REG	GISTRAR 246. REGI	STRAR'S SIGNAT	URE

DATE SEP 1 5 '58

arthur S. Kraus

MEDICAL EXAMINERS CERTIFICATE OF BEATER

may be retained by the haspital ar attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2-should be filed with the registror prior to burial, cremation, or remayal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

N.

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

10322 CERTIFICATE OF DEATH

Reg. Dist. No. 10283

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MONTGOMERY MARYLAND	O. STATE D.C. MARYLAND b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
WHEATON aprox 3wks+	WASHINGTON 117X-3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
St. Philomenas Rest Home	1229 - 29 STN.W. YES NO D
3. NAME OF First Middle	4. DATE Month Day Yeor
(Type or print) MARGARET	GABSAR DEATH SENT 21- 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min
FEMALE WHITE WIDOWED DIVORCED	900il 11-1810 8X415.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if deticed)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Seamstres Self Employed	I treland USH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wom Pender	Many murphy
15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
100 - none - 1	m J. Voalsat - 1/1229-29thst. nw
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONCE SEE	we bloot tailual ONSET AND DEATH
420,0 DUE TO	
Conditions, if any, which) (b) On Jerusel	eret i blesst blesse 20mm
gave rise to immediate	The street Breaty July
cause (a), stoting the <u>under-</u> lying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	PERFORMED? YES NO D
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part I) of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. gr. While Not while of work of work	over, street, office blogs, etc.)
21. I certify that I attended the deceased from Aunt.	1. 1958, to Sept. 2-1, 1958, that I last saw the deceased
alive on Asnt 16, 1958, and that death	occurred at 3300 M, fram the causes and on the date stated above.
$1 \qquad 1 \qquad$	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Lawy Stucker	MO. 2705 Richland St. 9-21-58
PHYSICIAN'S 11	
NAME (Typo) HOLLY J. KICHELE	Silver Spring, Md.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 278. LOCATION (City, town, or county) (State)
BURIAL SEPTIZS, 1958 MT. DZIVET	EMETERY WASHINGTON De
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24b. REGISTRAR'S SIGNATURE
A cover funeral Home 222	4 Mis DATE Orthur S. Kraus

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VS A15 (4) 15M 9/55 2

ARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
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10323 CERTIFICATE OF DEATH

M

Reg. Dist. No.

10284

B. CHY OF TOWN IT COMBERY D. CHY OF TOWN IT COMBERY B. CHY OF TOWN IT COMBERY C. CHY OF TOWN IT COMBERY WASHINGTON. D. C. WASHINGTON											
BUTTERS AME George Ball S. MANDE OF DEATH [Clief only one course per line for (s), (s), and the sex or winding, if ye are other oth	2.002	TGOMERY		MARYLAND		STATE					ssion)
3. NAME OF DECEASED SUBJECTED B. STRILLE B. CAMPBELL DOIL 4. DATE Month Day Year DECEASED (Type or prior) ESTELLE B. CAMPBELL B. CAMPBELL B. S. SEX. 6. COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH JOSEPH, SEPT. 19. SEX. Months Day Year Divorced D. Married Months Day Year Divorced D. A. J. 19. S. SEX. Months Day Year Divorced D. White MIDOWED DIVORCED DIVO	RURAL ond give	nearest town)	ts, write		c.				URAL end give	nearest to	vn) \(\sqrt{3} \)
3. NAME OF CONTRIBUTION DO PROTECT DIVIDED CAMPBELL STEELE BY STEELE BY SETTING STATE BY SETTING SETTI	d. NAME OF HOSP OR INSTITUTION		ive street	oddress)			C. N	Tal		ON	A FARM?
DECASED POPULATE OF BITTELLE B CAMPBELL B CAMPBELL B CAMPBELL DETAIL SEPT. 21 1958 5.55X C. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 124 HES, INFORMANT 100 bit birthdoy) Moorth 100 yrs. 100 yrs. Moorth 100 yrs. Moorth 100 yrs. Moorth 100 yrs. 100 yrs. Moorth 100		SUBURBAN				II loth		14		165	7 140 []
Pemale White WIDOWEDG DIVORCED 4/3/78 So thirthdoy) Months Doys Hours Min.	DECEASED		st		BELI		OF	SEPT.	th 21	Doy	
10. USIAL OCCUPATION (Give sing of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY BUTTON 12. CITIZEN OF WHAT COUNTRY BUTTON 13. FARTHER'S NAME 14. MOTHER'S MAINE 14. MOTHER'S MAINE 14. MOTHER'S MAINE 14. MOTHER'S MAINE 15. WAS DECEASED EVER IN U. S. AAMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MATTER AND PART I. DEATH WAS CAUSED BY 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT	5. SEX				8. DAT	E OF BIRTH		lost birthdoy)			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (The to or withhold of the party of th	during most of wo	orking life, even if retired	done 10b.	KIND OF BUSINESS OR IND		Buff	alo, Ne		112. CITIZEI		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (The to or withhold of the party of th	G	eorge Ball				M	ary Coh	n			
Son (Geo. Campbell)	15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORM				ess		
PART I. DEATH WAS CAUSE BY: HAMBEDIATE CAUSE (a) Magazilla Imparation, Toolura Sopial's Partering Plantical 48 Conditions, if ony, which gove rise to immediate course (b), toting the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO	No					Son (Geo	. Campb	ell)			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of twork of two	gove rise to couse (o), stating lying couse lost	ony, which immediate g the under to	DITIONS C						EN IN PART 1(e	PERF	ORMED?
21. I certify that I attended the deceased from		G CAUSE OF DEATH	200. 003	ense now injohr occor	ieo. jemi	in notice of injury					
alive on 21—Sept 19.38, and that death occurred at 9.24M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. PHYSICIAN'S JOHN G. BALL 7936 Old Georgetown Rd. Bethesda, Md. 220. BRIAL, CREMATION, 22b. DATE THEREOF Oakland Cemetery Rematory Pa. 22c. NAME OF CEMETERY OR CREMATORY Warren, Pa. 23c. NAME OF CEMETERY OR CREMATORY Warren, Pa. 23c. NAME OF CEMETERY OR CREMATORY Warren, Pa. 23c. NAME OF CEMETERY OR CREMATORY Warren, Pa.	Y 20c. TIME OF INJU	. 10	While	Not while	PLACE Of foctory, s	F INJURY (Home, fo treet, office bldg.,	orm, 20f. (City	or town)	(Cour	nty)	(State)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 02d. LOCATION (City, town, or county) (Stole) PSYNCHOLOGICAL PROPERTY OF CREMATORY 02d. REC'D BY REGISTRAR'S SIGNATURE 24b. REC'D BY REGISTRAR'S SIGNATURE	actual signature	John John	195	3.ll	_ M.D	orred at 9 4	AM, from	n the causes o	ind on the	date sta	
m, C TT TT: 0 2901 1/1E0 DT. N. W.	220. BURIAL, CREMAT	ION, 22b. DATE THERES		22c. NAME OF CEMETERY	OR CREA	MATORY	22d. LOCA1	ION (City, town,		(51	ote)
			pang	2905 14th Washington	St.	N a W a					

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V	S A15	(4)	

	40	707	CERTI	FIC/	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Montgomery		MARY	TLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY Montgomery
RURAL ond give no	If outside corporate limi earest town) nesda	ts, write	c. LENGTH OF STAY	IN 1b	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, g Suburb		ddress) Spital	75-7	d. STREET ADDRESS 5908 Cedar Parkway 6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Arth		Aiddle Franc		Lost 4. DATE Month Day Year OF Carroll J DEATH September 21 19 58
5. SEX	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRI	ED 🔲	
Lawyer 13. FATHER'S NAME 15. WAS DECEASED EVE	ON (Give kind of work king life, even if retired to the control of	CES? 16. S	elf employ Carro Cial Security No	ved	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. 14. MOTHER'S MAIDEN NAME Address Address
	mmediate (Ru	ptured printer	ince En	cophagoal Voices Innedical
20g. ACCIDENT W	AS UNDERLYING				UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Port 1 or Port II of item 18.)
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)		JURY OCCURRED Not while	20e. Pt	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
	oat I attended the	1955 u Su	L,, and that	9 death	th accurred at 6.00 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 5000 Pens Pd NW 9-21.50
220. BURIAL, CREMATIC REMOVAL (Specify)		1958	22c. NAME OF CEM	ETERY C	
23. FUNERAL DIRECTOR	'S SIGNATURE	3	ADDRESS 17. Des	un	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DANEP 2 3 '58 Crimy S. Haus

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L		103	25	CERTIFI	CATE	T DEAL	П		Reg. Dist.	No.	
1.	PLACE OF DEATH o. COUNTY Montgome	ry		MARYLA	II a. STA	residence (variety)		d lived. If instituti b. COUNTY	on: Residence	ome 1	odmission)
	RURAL and give n	(If outside corporate linearest town)	nits, write c.	hrs. 5m		andv S		rote limits, write R	URAL and give	ve neares	t town)
	OR INSTITUTION	TAL (If not in haspital, ery Count		ress)	_ /	REET ADDRESS					IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Ella	irst	Middle Mae	Cart	lost er	4. DATE OF DEATH	Mon 9-		28	Yeor 1958
5.	Female	6. COLOR OR RACE	WIDOWED [9. AGE (In years lost birthdoy) 38 yrs.			UNDER 24 HRS. lours Min.
10	during most of war	ON (Give kind of work king life, even if retire CET	done 10b. KIN d)	D OF BUSINESS OR IN	NDUSTRY 11. 8	- 1000000000000000000000000000000000000	e or foreign o	ountry)		EN OF V	WHAT COUNTRY?
13	. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
	Clifton	Edward T	homas			Mary S	impso	n			
	. WAS DECEASED EVE	ER IN U. S. ARMED FO		IAL SECURITY NO.	7. INFORMAN	Ť		Add	ress		
-	no	(ir yes, give wor or cones or	service)		Euge	ne Car	ter	Sandy	Sprin	g, I	Md.
z	Conditions, if a gove rise to i couse (o), stating lying cause last.	the under-	5 Sur	balena area	el i	id -	lien	onhe	and eje		AND DEATH
TIFICATIO	491X 20a. ACCIDENT W	Bro- AS UNDERLYING [7]	206. DESCRIB	16	emo	in			EN IN PAKI	P	PERFORMED?
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yo		PY OCCURRED 20e Nat while of work		JURY (Home, far , office bldg., et		or town)	(Cod	unty)	(State)
V		AID, IS		fram 7/ 2 , and that de	ath accurre	58, to d at/135		n the causes a reet, city or town,	ind an the		the deceased stated above DATE SIGNED /30/17
7	O. BURIAL, CREMATIC PREMOVAL (Specify)	10-2-	OF 22	Sandy	Sprin	ORY .	22d. LOCAT	MON (City, town, o	or county)	3 /	(Stote)
23.	Robert Robert	E Supr	des K	ockulle	, med	240. REC	OCT 6	E0 N	TRAR'S SIGN	Haus Haus	

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La venues venes					
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may be retained by the haspital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in been funeral director, page 3 shaurd be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hays after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.10287

	Dage CERTIF	ICATE OF DEATH	Reg. Dist. No. UZO 6
1. PLACE OF DEATH o. COUNTY Montgor	nery MARYLA	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution: Residence before admission) o. COUNTY Montgomery
b. CITY OR TOWN (If autside carpora RURAL and give nearest tawn)	te limits, write c. LENGTH OF STAY IN Bethesda	1b c. CITY OR TOWN (If outside carporate lin Rockville	nits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (IF not in hospital Continuity of Institution Sul	oitol, give street oddress) ourban Hospital	d. STREET ADDRESS Glen Hills	e, IS RESIDENCE ON A FABM? YES NO
3. NAME OF DECEASED (Type or print)	First Middle Minnie M	Cavanaugh 4. DATE OF DEATH	September 4 19 58
Female White	RACE MARRIED NEVER MARRIED WIDOWED DIVORCED	September 12, 1892°"	tiriyoors IF UNDER 1 YEAR IF UNDER 24 HRS. Dethdoy) Wanths Days Hours Min.
100. USUA OCCUPATION (Give kind of during most of working life, even if a Retired Waitres 13. FATHER'S NAME	retired)	NDUSTRE 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME	d 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no, or whitnown) (If yes, give wor or do	212-16-9319	Hattie 17. INFORMANT A Mr. Bernard Cavana	? Address augh-same as item #2
PART I. DEATH WAS CAUSED IMMEDIATE CAN / 744 X Conditions, if ony, which)	one cause per line for (o), (b), and (c).] D BY: USE (a) Cachigha (b) Cachigha	confice	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	UE TO metastas	tic Ca from wit	ens. 9mm.
ICATE		BUT NOT RELATED TO THE TERMINAL DISEASE CON	PERFORMED? YES NO []
	EATH NER) 206. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I ar Port II af i	tem 18.)
20c. TIME OF INJURY Month, Day Hour a.m. p. m.	7, Year 20d. INJURY OCCURRED 20 While Not white of work at work	e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	rn) (County) (State)
21. I certify that I attended alive on		eath accurred at M, from the ADDRESS (Street, ci	that I last saw the deceased causes and on the date stated above. DATE SIGNED 1 4 5 8
PHYSICIAN'S Stephen	N. Jones	Rockville, Ma	aryland
220. BURIAL, CREMATION, 22b. DATE TI REMOVAL (Specify) Burial 9/8/	HEREOF 226. NAME OF CEMETE ROCKVII	RY OR CREMATORY 22d. LOCATION (C	ity, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pump	ADDRESS hrey Bethesda,	Maryland DATE SEP 9 158	24b. REGISTRAR'S SIGNATURE Arthury S. Phrank

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death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CONTRACTOR AND A STATE OF 25 D. C. COMPACE CONTRACTOR ASSESSMENT

	10328 CERTIFICA	Reg. Dist. No.
. 1	PLACE OF DEATH COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
	maryland Maryland	Maryland Montgomers
t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give morest town)	c. CITY OB JOWN (If outside corporate limits, write RURAL and give negrest town)
	Trethisda	do Nockville
•	d. NAME OF HOSPITAL (If not in hospital, give street caldress) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	of lealth are	123 Beall Hve. YES NO.
- 1	NAME OF DECEASED Type or print) Au Middle Middle	1 Lost 4. DATE Month Doy Year OF DEATH JOST 9 195
. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
-	male white WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In doors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Whin. 9. AGE (In doors left Under 1 YEAR IF UNDER 24 HRS lost birthdoy) Whin.
0a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY The File of the Solar Mb. U.S. A.
3.	FATHER'S NAME	14. MOTHER'S MAJDEN NAME
	Leo te. Christy	Barbara Me Fadden
5. '	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no. or unknown 1 (If yes, give wor or dates of service)	FORMANT / Address
	The second second	Chart of muther
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Messure Qt	electasis obstructive ONSET AND DEATH
	760.0 DUE TO	0 '
	Conditions, if ony, which) (b) Orgaliusis +	Muser have verlos 1+ do
	gove rise to immediate	The grant of the
	couse (o), storing the under-	
	lying course lost	alline
2	lying couse lost. (c) SUTH TO DEATH BUT	acces of the state
	14	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CALICIA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	- Patent Geracuer Cloale 7 YES NO [
27	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
רטו כנצוונו	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. FLA	- Patent fordener Clvale 7 YES NO (Enter noture of injury of Port 1 or Port 11 of item 18.) Clue for arterior. (CE OF INJURY (Home, form, 120f. (City or town) (County) (State
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I CONTRIBUTING TO DEATH BUT I 200. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 20c. While Not while	- Patent fordener Clube 7 YES NO [] D. (Enter noture of injury W Port 1 or Port II of item 18.) Clubbus arbeirs.
MCDICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work 01 w	- Patent fordener Clvale 7 YES NO (Enter noture of injury of Port 1 or Port 11 of item 18.) Clue for arterior. (CE OF INJURY (Home, form, 120f. (City or town) (County) (State
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MCDICAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not while of work of wo	CE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (County) (County) (Stote accurred at // SMM, fram the causes and on the date stated above ADDRESS (Street, city or town, stote)
medicas ceatin	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Monih, Doy, Year Hour o. m. 19 19 19 19 19 19 19 19	CE OF INJURY (Home, form, lor, street, office bldg., etc.) 20f. (City or town) (County) (County) (Stote decrease and on the date stated about the course of the course and on the date stated about the course of the course of the course and on the date stated about the course of
MEDICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I CONCENTRAL WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work 10 of work 120 wor	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole lory, street, office bidg., etc.) ADDRESS (Street, city or town, stole) PERFORMED? YES NO (County) (Stole lory, street, office bidg., etc.) ADDRESS (Street, city or town, stole) DATE SIGN ROLL W. Monganny Ave Rochable My
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 While Not while of work of work 21. 1 certify that I attended the deceased from Actual SIGNATURE PHYSICIAN'S NAME (Type) Stephen G. Cremwell	CE OF INJURY (Home, form, lot) (County) (Stole cory, street, office bldg., etc.) (City or town) (County) (Stole accoursed at / S. M., from the causes and on the date stated about ADDRESS (Street, city or town, stole) DATE SIGN A.D. (e/S. W. Montgomery Ave, Rockville Md.
20.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work	CE OF INJURY (Home, form, log, street, office bldg., etc.) 20f. (City or town) (County) (Stote accoursed at 1/ 2/ 2M, from the causes and on the date stated about ADDRESS (Street, city or town, stote) A.D. (a) W. Montgomery Ave, Rockville Md. (CREMATORY) 22d. LOCATION (City, town, or county) (Stote)
שניסוכים כנצווים	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.) ADDRESS (Street, city or lown, stote) ADDRESS (Street, city or lown, stote) ADDRESS (Street, city or lown, stote) CREMATORY 20f. (City or lown) (County) (County) (Stote decease and on the date stated above a course and the decease and on the date stated above a course and a course
WEDICAL CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (County) (County) (Stote bldg., etc.) ADDRESS (Street, city or town, stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in himself funeral director, page 3 shaulke be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer death.

VS A15 (4) 15M 9/5S

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CERTIFICATE OF DEATH

1()29() Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (W	here decease	d lived. If institution	on: Residence	befare adn	nission)
Montgomer			MARYLAND	Virginia		Dicke	enson		
b. CITY OR TOWN RURAL and give	(If outside carporate limit nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpo	orate limits, write R	URAL and gi	ve nearest to	own)
Bethesda			9 days	Stratton		8	3xx	3	
d. NAME OF HOSE	PITAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS				e. 15 F	RESIDENCE A A FARM?
			hesda 14. Md.	No Street	Addre	55			□ NO ☑
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE	Mon	th	Day	Yeor
(Type or print)	Poll	v	Mae	Church	OF DEATH	Sept	ember	12,	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	March 15.	1925	lost birthdoy)	Months I	Days Hou	ers Min.
10a. USUAL OCCUPAT	TION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU			ountry)	12. CITI	ZEN OF WH	AT COUNTRY
Housewife	orking life, even if retired		None	Virginia			TT.	S. A.	
13. FATHER'S NAME	3		MOHO	14. MOTHER'S MAIDEN	NAME		0.	D. A.	•
Edward W.	h			Sarah Ower	0.00				
Edward No	VER IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO. 17	INFORMANT The Med		Doo and Add	ress.		
[Yes no. or unknown]	(If yes, give wor or dates of s	ervice						Manage	
No				e Clinical Co	enter,	Betnesda	1 14,		
	EATH [Enter only one co	use per li	1) 46 -1		-48			ONSET AN	BETWEEN ND DEATH
PAKI I. U	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	greated 6	undocky		1209			
416	DUE TO	RAN		cotheterza	two			174	lar
Conditions, if		-CP	ERICARDIAL	HEMORRHAG	E, Pud	it LEFT		10	
gave rise to cause (a), statin	DUE TO	1.4	RIAL CAT	HETERIZATI	00)				
lying couse las		13							
Z PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA	AS AUTOPSY
PART II. O	Chronic	2	hermalia 1	valuate (HRON	EUMATIC L	ALVULI	TU YES	REFORMED?
20a. ACCIDENT V	VAS UNDERLYING D	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in				- 1	
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	FY MEDICAL EXAMINER)								
\$ 20c. TIME OF INJU	URY Manth, Day, Yea	or 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	m, 20f. (Cit	or fown)	ICo	ounty)	(Stote)
20c. TIME OF INJU	10	While	Nat while fa	ctary, street, affice bldg., etc	c.)			,	(5.5.5)
				2 E8 C	ont omb	om 12 ER			
			ed fram September	2, 19 20, to 30	abremp	61, 171000	,that I lo	ast saw th	ne decease
alive an Se	ptember 12	_, 19_	58 , and that death	accurred at 4.50				e date st	ated above
	+ T	5	2011.			treet, city or tawn,	state)	- 1-	DATE SIGNE
ACTUAL SIGNATURE_X	conti	1	talux	M.D. The Clinic	~				3/58
PHYSICIAN'S	7		δ	The Nation	nal In	stitutes	of He	alth	
NAME (Type)	LEON I. Go.	Ldber	g, M.D.	Bethesda	Lli Ma	rvland			
220. BURIAL, CREMAT	ION, 226. DATE THEREO		22c. NAME OF CEMETERY C			TION (City, tawn, o	or county)	(S	itate)
THE PARTY OF THE	" 9/17/5	8	Newberry	Cem.		arpon,			
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	24a. REC		RAR 24b. REGIS			
Robert	A. Pumphr	ev	Betheeda	Maryland					

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or ottending physicion.

TO FUNERAL DESCRIPTION After this certificate has been signed by the attending physicion and campletely filled in by poge 3 should be detached for use as the burial-transit permit. The pleas remove corban popers. Pages 1 and 2 pleasuremove corban popers. Pages I and within A hours after death. the registror priar to burial, cremotion, or remayal, and in any eve VS A15 (4) 15M 10/57

	HEARD PO BT.	ADRITAGE	*	
		DATE OF THE PARTY	**	
		Part Land		
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NOT THE RESIDENCE OF THE PARTY	figure and			
AND DESCRIPTION OF STREET				
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	.00			

CERTIFICATE OF DEATH 10220

Dag	Dist.	No
van.	MINI.	140,

11000	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
MONTADOREN MARYLAND	New Jersey Mercer ! merce
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAb and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Bethesda 2mo 8da	Rringeton 1 67x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Alta Vista Kest Home	1 118 Snowern Lanes YES NO 12
3. NAME OF DECEASED (Type or print) Charlette, Treland	Clinton 4. DATE Month Day Year Sept. 3/ 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 1 House Main Months Days House Months Days Months Days House Months Days M
F WIDOWED DIVORCED	march 1, 1841 87 yrs. 6 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Teacher Public School	old New Jersey 4,5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Clinton	Frances Ann Vyeland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) [(If yes, give wor or dates of service)	INFORMANT Address Bethesda, ma
No None //	145. John Dickinson 5525 Charles st
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	(ve mi)
446 X DUE TO	
Conditions, if any, which) (b)	eneralized Arteriosclerosis unknown
gave rise to immediate couse (a), stating the under-	
lying cause last. (c)	eneralized Avteriosclerosis and hum
PART II. OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 491x Branchopneu	the second secon
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from Aug. 3	0, 1952, to cept 2', 1958 that I last saw the deceased
1 1 21 0 2 2	occurred at 6. P.M. from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE LEVEL Meurse	MD 10571 Summit Ave
PHYSICIAN'S GEORGE Sharpe	Kensington, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Gremation 9/23/58 Cedar Hill	Crematory Suitland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Ashert & Tumpking 7557. Here	DATE SEP 2 3 '58 Caller S. Kroud
- Maryan org 1 - 11 miles	

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Mourgamery
	b. CITY OR TOWN (If outside corporate limits, write Cc. LENGTH OF STAY IN 16 RURAL and give negrest town) Takoma Park 5 days.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LUAS hingfor Sau + Hospital	1 d. STREET ADDRESS 9604 Evergreen St. e. 1S RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) Walter Milton	Last 4. DATE Manth Day Year OF DEATH 9 2 1958
1	5. SEX MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Retired Engineer + building Jup	st. Je. usa
	Collins - Mr. albert G.	Mary adams.
	(Yes, no, or unknown) (If yes, give wor or dofes of service) 710_18_7470	atent as above
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: Driving Cause (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. Lying couse lost. DUE TO (c) Transcript Public Course (c), the course (o), stating the under.	remaine left ling with ONSET AND DEATH ONSET A
	CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (State)
	PHYSICIAN'S Philly E. Johns NAME (Type) Philly E. Johns	n occurred at 2.15 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED M.D. 918 Ellowarth Drive 9-2-5 Lilver Spring Mod
		emetery Prince George County, Md.
	23. JUNIFRAL DIRECTOR'S SIGNATURE ADDRESS STIVET ADDRESS STIVET	SPTING 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

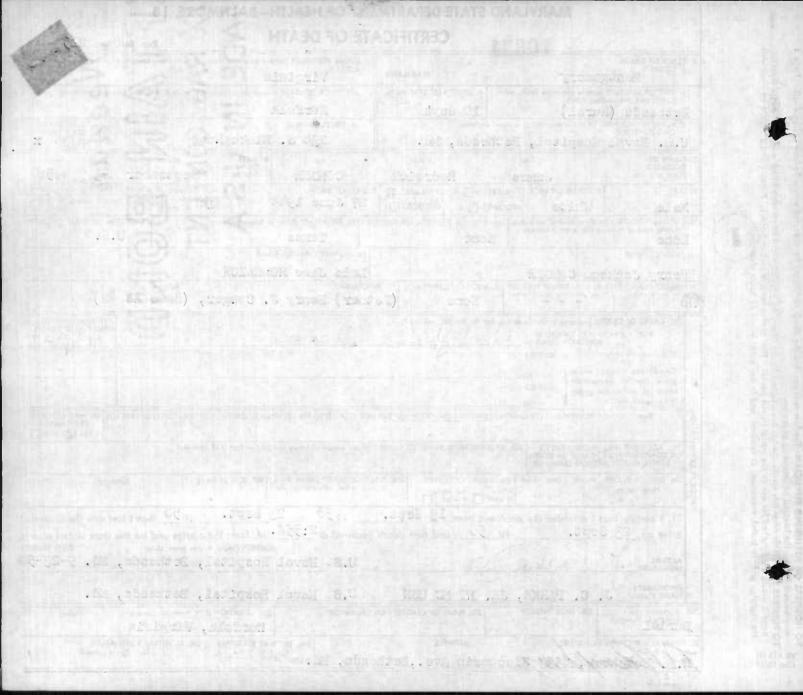
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DY CTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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[1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2					TENEN!	
						PENNIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



18272 CERTIFICA	ATE OF DEATH	Reg	g. Dist. No.
a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	sed lived. If institution: Re b. COUNTYMON	rsidence before admission)
b. CITY OR TOWN If autside carporate limits, write RURAL and give nearest town Takoma Park Hdays	c. CITY OR TOWN (If autside corp	porate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION May 5 h 142 fon Sandari um	d. STREET ADDRESS 509 BILSCOT PL	ACE	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Baby Constance	Cottman 4. DATE OF DEAT	0	Day Year 6 195
Female White WIDOWED DIVORCED	9-2-58	9. AGE (In years last birthdoy) Mon	NDER I YEAR IF UNDER 24 HE
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Infant	STRY 11. BIRTHPLACE (State or foreign	country) 12	2. CITIZEN OF WHAT COUNT
George L. Cottman	14. MOTHER'S MAIDEN NAME Norma Kather	ine Sullivan	
	NFORMANT Chart	Address	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Thracks	mial hemoreh	25-2	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the under-	mpnoun		
Iying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ity or town)	(County) (Sto
21. I certify that I attended the deceased from 7/4			at I last saw the deced an the date stated abo DATE SIG
PHYSICIAN'S RICHARD M. AULD 120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Phoclass	le ma	<i>V</i>
REMOVAL (Specify) BURIAL 9/9/58 ARLINGTON NAT	T'L. CEMETERY AR		GINIA
Raymond C. Juska, SILVER SPRING,	MD. 246. REC'D BY REGIS	150	'S SIGNATURE

runeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

• FUNERAL DY STOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld we detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter deeth. TO FUNERAL DI page 3 shauld

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10295

10413	Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Montgomeror Co. MARYLAND	o. STATE Marisland b. COUNTY SINCE GEOGRE
b. CITY OR TOWN (If outside corporphelimits, write RIVAL c. LENGTH OF STAY IN 16 and give necres foun)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Takima Park DOA.	livest intenterille 16150
d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Washington Sanitarium + Hos	50.7981/8th Are YES NO
3. NAME OF DECEASED (Type or print) Blanks Walker	Con Lost 4. DATE Month Doy Year OF 19 S 8
	B. DATE OF BIRTH 9. AGE (In year) IFUNDER 17EAR IF UNDER 24 HRS.
WIDOWED DIVORCED	7-23-58 Ioni birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
down man or working the court is talled in	USA USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Octavius M. Covingto	& Regina 13.13arbella
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) Ill yes, give wor or doles of tervice)	INFORMANT Address
	HOSPITAL KECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN CINSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LISTING	Formal
475X DUE TO // 2	Soll-hasel
(Conditions, if ony, which) (b) grapher Kesker	along Judesless lingted
gove rise to immediate couse (o), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \(\subseteq \)
	Enter noture of injury in Port I or Port II of item 18.)
206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH.	
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	fory, street, office bldg., etc.)
21. I certify that I tack charge of the remains described obc	ove, held an Autopsy 🔲, Inspection 🔀, Inquiry 💢, ond in my
opinion death resulted fram: Natural causes A Accident	, Suicide, Hamicide, Undetermined manner
1 1	
SIGNATURE Frank J. Burchent	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S FLANKJ Broschant	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF	T
REMOVAL (Specify) Q-12-58 M-0	T CEMETERY WASHINGTON DC
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, 240. REC'O BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
21. Da. DEVAL 2224-11/15	Ave Nex -SEP 15 58 Octor 8 Hours

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is reexecute the chalificate, writing the ward "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL WRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State B ar its designated agent, prior to buriol, cremotian, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

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Man Wester				
		E Talk and Arrest	t an ivonem i niti atmes till Localisti	
			The tribute and	

333	CERTIFICATE OF DEATH	1()29 (Reg. Dist. No.

									Keg. Dist	. NO.	
1. PLACE OF DEATH		W D	L.Y. PAGE		2. USUAL RESIDE	NCE (Wh	ere deceased	lived. If institut		e before o	dmissian)
M	ontgomery		MARYL	AND	9	Mary	rland	B. COUNT	77	WELL	
b. CITY OR TOWN RURAL and give	(If autside corporate lim	its, write	c. LENGTH OF STAY	N Ib	c. CITY OR TO	WN (If o	utside corpore	ate limits, write	RURAL and gi	ve nearest	tawn)
	sville		TEST CALL		X Lewis	dale	9				
d. NAME OF HOSE	PITAL (If nat in haspital,	give street (address)		d. STREET AD	DRESS				e. 15	RESIDENCE ON A FARM?
larilea l	Norsing Ho	ome			7301 2	3md.	Ave				S NO
NAME OF DECEASED (Type or print)	JOHN	rst	Middle	CRA	Lost AWFORD		4. DATE OF DEATH	Мо	ember	Day	Year 1958.
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		DATE OF BIRTH		1	AGE (In years	_		JNDER 24 HRS.
Male	white	WIDOWE			7-+ 5	n dryd		lost birthdoy)		Doys He	ours Min.
Do. USUAL OCCUPAT	TION (Give kind of wark	dane 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLAC	CE (Stote	or foreign car	17	12. CITIZ	ZEN OF W	HAT COUNTR
during most or we	orking life, even if retired	1)									
Retired B. FATHER'S NAME			Store cl	erk	14. MOTHER'S M	AAIDEN N	IAME			U.	S
John C	rawford				Thel	mo T	- hm a				
	VER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	ina o	ohns.		dress		
fes, no. or unknown)	(If yes, give war or dates of		sociale seconiti i i i i i	1	s Thelm	no E	John		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	EATH [Enter anly one or			204.2	. 5 -Hell	IICI -	OOIHI				
Canditions, if gove rise to cause (a), stating lying cause last	g the under-)		7							yu
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. V	VAS AUTOPSY ERFORMED?
	Legue										NO Z
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of i	injury in P	art I ar Part	ll of item 18.)			
20c. TIME OF INJU Haur a. m. p. m.	. 10	While	IJURY OCCURRED Nat while of wark		CE OF INJURY (Ho ory, street, affice b			ar town)	(Ce	ounty)	(Stote)
21. I certify	that I attended the	decease	ed fram	6./	11. 1998.	70	Sept	17.19	That I lo	ast saw	the decease
alive an	Ind 1	C. 192	and that	death	accurred at 2	751	M, fram				
1	0)	01	1					et, city ar town			DATE SIGN
SIGNATURE	Jota	11	/ lager	~ M	I.D	7/	7 -1	ensin	mary,	MI	9-17
PHYSICIAN'S NAME (Type)			0		_	Let	Dru-	Ppi	7=	2nd	
a. BURIAL, CREMATI)F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ON (City, town,	ar caunty)		(Stote)
REMOVAL (Specify	9-20 6	, d	Fort Li	naa	l m				4 1 5 1 1 1		TAN
. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	LITTEC	نت ان السحاد المراجعة	4a. REC'E	BY REGISTR	en stohr	STRAR'S SIGN	NATURE	
ee Funer	ral Home -	- Was	hington.	D.C		SEP 1	9 '58		47 8. Krs		
Q-101						JAIL			-1 A. /W	with.	

TE OF DEATH		-325.11		
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VS A15 (4) 15M 9/55 I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10298

10334 CERTIFICATE OF DEATH

Re	α.	Dist.	No.
	M 4	P121"	140.

70007				Keg, Dist. No.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Virgin		viion: Residence befare admission) Y Arlington
b. CITY OR TOWN (If outside carporate limits, write c. RURAL and give nearest lown). Betnesda	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddr OR INSTITUTION The Clinical Center, Bethese	da 11, Md.	d. STREET ADDRESS	outh 23rd Str	e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF First DECEASED (Type or print) Walter	Middle Wade	Davis	4. DATE M. OF DEATH Septem	ber 23 19 58
5. SEX Male 6. COLOR OR RACE WIDOWED		B. DATE OF BIRTH January 7, 18	9, AGE (In year lost birthdoy) OU yr	
	o of Business or Industr	y Washir	ngton, D.C.	U.S.A.
13. FATHER'S NAME Walter Oliver Day	vis	14. MOTHER'S MAIDEN N	Minnie Prosper	ri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC [Yes, give wat or dates of varvice] 578		NFORMANTThe Medi	cal Record Ad	
Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying cause last.	te Myocardial	osclerosis, Ad		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in f		IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a. m. While	RY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an September 23 19 58 ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] Leonard Garren, I	, and that death	M.D. The Clinic The Nation	M, from the causes ADDRESS (Street, city or town	9/24/58
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Lagar. 25 1958 23. FUNERAL DIRECTOR'S SIGNATURE C. P. D. J.	ADDRESS ADDRESS	national		Or county) (State) SISTRAR'S SIGNATURE THAT S. KLAUS

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	ried by Calmin					5-14/20
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MATERIAN STATE DESARTABLE OF MEATINE SALTIMORE, LD

FOR STATE HEALTH DEPT.

necessary, please of Frectar. Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is rexecute the conflicts, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL STRECTOR: Page 3 should be used as a busid-training permit. File pages 1 and 2 with the Stote B are its designated agent, pricar to burral, cremotian, or removal, and in any event within 22 bours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item	a 14, Film	G234,	10/6/58	ICY				Reg. D	st. No		
a. COUNTY	MONTGOMERY	0335	MAR	YLAND	2. USUAL RESIDENCE OF STATE	CE (Where deced	sed lived. If institution b. COUNT	DV.		fore adm	
and give nearest	N (If outside corporate limits, w. town) VER SPRING	rite RURAL	c. LENGTH OF STAY	IN 1b	7-01	'N (If autside car	porote limits, write	RURAL ond	l give n	earest to	iwn)
d. NAME OF HO	SPITAL OR INSTITUTION O PINEY BRAN			ss)	d. STREET ADDRE	SS	LEN ROAD			ON	A FARM?
3. NAME OF DECEASED (Type or print)	RICHAE	int	Middle HERMA	N	DIETLE	4. DATE OF DEATH	Moni SEPTH	h EMBER	Doy 29		Year 19 58
5. SEX MALE	6. COLOR OR RACI	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		9. AGE (In years lost birthday) 42 yrs.	-	1YEAR Days	IF UND	Min.
10a. USUAL OCCUP	ATION (Give kind of worl orking life, even if retired		ND OF BUSINESS OR	INDUST		State or foreign of		12. CITI		F WHAT	COUNTRY
13. FATHER'S NAM	£				14. MOTHER'S MAID	EN NAME					
RICHAR	D JACOB DIET	LE			Matild	a Eliza	beth Sua	anay			
15. WAS DECEASED [Yes, no, or unknown]	EVER IN U. S. ARMED F		OCIAL SECURITY NO		win Dietle	10012 F	Address Portland		lve	r Sp	ring
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Cere!		rhag	e & Lacera	tion			ONS	EVAL BETWEET AND DE	AlH
gove rite to in	nmediate cause	Bull	let wound	thru	skull			0:	_	ear	room
couse last.	OTHER SIGNIFICANT CO	c)	STRIBUTING TO DEAT	H BHT N	OT BELATED TO THE T	COMMENT DISPAS	TE CONTINUE CIT	/Ph I th I fin II'	[]	0 14/45	ALITORY
ZOG. EXTERNAL PRIMARY OF CAUSE OF DEA	OTHER SIGNIFICANT CO	NDITIONS COL	ATRIBUTING TO DEAT	n BUT N	OT KELATED TO THE T	EKWINAT DISEAS	SE CONDITION GI	VEN IN PAK			RMED?
20g. EXTERNAL PRIMARY OF CAUSE OF DEA	CONTRIBUTING []				nter nature of injury in et wound t						
20c. TIME OF II	m. 9/29/ 5	O While	Not while of work	facto	TE OF INJURY (Home, ary, street, office bldg. CH'S GRILL		LVER SPR	ING, M		GOME	(State) RY, N
	that I took charge oth resulted from: Land J.	Noturol co	erene .		, Suicide		, Undete	, Inquir ermined n	nanne	er 🔲	id in my
EXAMINER'S NAME (Type)	FRANK J.	THE RESERVE TO THE PARTY OF THE				CAL EXAMINER [7,		
BURIAL Spe	10/1/58				L. CEMETER		TION (City, town,		NIA	(Stat	•)
23. TUNERAL DIREC		ba	ADDRESS STIVED SD	DT NO		REC'D BY REGIST	TRAR 24b. REGI	STRAR'S SIC	NATUI		

The state of the s . .

10336 CERTIFICATE OF DEATH

1()300 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomer	ort.		MA	RYLAND	2. USUAL RESIDEN 6. STATE Marvla		ere deceased	b. COUNTY			odmissi	ion) *
	f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b			utside corpor	ote limits, write R	URAL ond		est town)
Bethesda	,		156 day	75	X Bethes	cha						
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDI					l e.	. IS RES	IDENCE
or institution The Clini	cal Center	, Bet	thesda 14,	Md.	/ 4415 M	ont	gomery	Avenue			ON A	NO TO
3. NAME OF DECEASED	Fir	st	Midd	lle	Lost		4. DATE	Mor	nth	Day	1	Yeor
(Type or print)	ROBER		ITAI		DONADE	I	OF DEATH	Septe	-	7,		1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MAR	RIED 🔲	B. DATE OF BIRTH			AGE (In years lost birthday)				
Male	White	WIDOW	ED DIVOR	CED 🔲	December	30.	1919	38 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of work Translato	cing life, even if refired)	KIND OF BUSINESS				or foreign co		12. CIT		S. I	COUNTRY
13. FATHER'S NAME	/1	45,1	i genome c	TOVEL I	14. MOTHER'S MA			es .		0.	D . 2	14.0
					I. MOTTIER S MI							
Valerio I				- 1			sefa D					
15. WAS DECEASED EVE (Yes, no. or unknown)	K IN U. S. ARMED FOR (It yes, give wor or dates of s	CEST 5	SOUNT SECURITY	33 17. 18	FORMANT The	Med	dical	Record	lress			
No		Una	ascertaina	ble	The Clin	ical	l Cent	er, Beth	esda	14.	Mary	yland
	TH [Enter only one co	1	ne for (o), (b), and (c).]			. 1	4.0		INTER	T AND	TWEEN
177 (1)	IMMEDIATE CAUSE (o		ratocar a	nom	- grund	sy a	en des	till		3	yre	9
118.	DUE TO	•				1						
Conditions, if o)										
gove rise to it												
lying couse lost.	(c)										
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART		PERFO	AUTOPSY RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature of in	jury in P	ort I or Part	II of item 1B.)				
20c. TIME OF INJUR	Y Month, Day, Yes	20d. II While of wor	NJURY OCCURRED Not while to ot work	20e. PLA fac	CE OF INJURY (Hom lary, street, office blo	ne, farm, dg., etc.	20f. (City	or town)	(0	ounty)		(Stote)
		1	Ane	1 1	10.58	Se	ant omh	an 7. E8	1			
00-	at I attended the	deceas	30		(7-2	0 20	poemb	er 7 ₁₉ 58	,that I I	last sov	w the	deceased
alive on Del	tember 7	. 19	and the	at death	occurred at 5					ne date	e state	d above
	0.120	1-	P				ADDRESS (Str	reet, city or town,	stote)			TE SIGNED
ACTUAL SIGNATURE	That a	de	ral	,	The C	lini	ical C	enter		(9/	8/5	8)
			10			nal	Insti	tutes of	Heal	th		
PHYSICIAN'S G	RICHARD I	EE,	M.D.		Bethe	sda	14, M	aryland				
220. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CE				22d. LOCAT	ION (City, town,	or county)		(Stote	e)
BENDAY P(Specify)	9-9-58	3	Gate of	Hear	ven Cem		Mont	gomery	Cour	1 + 17	Ma	
23. FUNERAL DIRECTOR	S SIGNATURE					a. REC'D	BY REGISTE	RAR 24b. REGI	STRAR'S SIC	SNATURE		·
ROBER	T A.PUMP	HREY	ADDRESS Beth	esua	, IVI a .							
					DA	SEP.	1 5 '58	- Qui	ing g	-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 be filed with funeral director, may be retained by the hospital or attending physicion.

O FUNERAL CTOR: After this certificate has been signed by the ottending physicion and completely filled in the page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to buriol, cremotian, or removal, and in ony event within 72 hours after death. may be retain TO FUNERAL VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT necessary, please our files, Borr our files,

county If any delay is no one 3 to the funeral sections of may be retained and 2 with the State But ours ofter death

ond 7

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of the execute the ordificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1.4 should be warded to the Chief Medical Examiner's Office along with form PM3. TO FUNERAL PIRECTOR: Page 3 should be used as a burial-transit permit. File pages or its designated agent, prior to burial, cremation, or removal, and in any event with

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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J.	U	U	U	J.

10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
	a. COUNTY MENTERMERY MARYLAND	o. STATE MA b. COUNTY P	4
	b. CITY OR TOWN (If outside corpoyed limits, write RURA) c. LENGTH OF STAY IN 16 and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	Taking Park 3 days	Hellerest Hate 16	X - 2
1,-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0	Washington Sam + Hosp	2110 Kesturg St	YES NO KO
	3. NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
	(Type or print) Sussell (NMM) Don	aldson DEATH DEAT /	7 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In year) If UNDER 1 Months D	
	male white WIDOWED DIVORCED	3/19/96 62 yrs. Monins	lays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, eyen if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Truck driver retire	med	1. S. a
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Edward Donaldson	MINNIE EMMERTY	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1909, no. of uninown) [17 yos, give year of dates at service]	NFORMANT Address	
	UNK UNK. GAR	tosp. Record	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	, , ,	ONSET AND DEATH
	IMMEDIATE CAUSE (6) KT. Muti-eural	hemaloma and	3
V	900.0 DUE TO 11	-	ode.
V	Conditions, if ony, which gove rise to immediate couse (b) left Cerebral C	nlusion	de
	(a), stating the underlying DUE TO	26.02	
	COURSE IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART	1/2 120 WAS ALITORSY
0	PART II. OTHER SIGNAL CONTRIBUTION TO DESTRUCT	THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port I or Port II of item 18.)	YES NO
	PRIMARY OF CONTRIBUTING TO LAUSE OF DEATH.	AND MINDT	n. Pl 1
	1 TELL EDITION OF THE	of OF INJURY (Home, form, 20f. (City or town) (Cour	ity) (State)
6	Hour Mile Not while	Porces office bldg., etc.) College Ph P	1 :00
4D	21. I certify that I took charge af the remains described aba	755.7	and in my
	opinion death resulted fram: Natural causes , Accident [Gran.
	opinion death resolved fram. Patrolar causes [], Accident	, Joicide [], Hamicide [], Ondelemmed in	onner [_]
	SIGNATURE Frank 1. Browshart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
6		ASSISTANT MEDICAL EXAMINER	.~0
L	EXAMINER'S FLANK J. BLOSERZH	L DEPUTY MEDICAL EXAMINER DA 9-17	-78
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
3	BURIAL (Specify) 9/20/1958 CEDAR HILL	Com Suitemo to - FR.C	so Co. 120
3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
7	M.W. Chambers Riverdale mo	DATSEP 2 2 '58 Carthury 8. H	raud

Michelinit Pouls villed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10337 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEA					2. USUAL RESIDENCE (\ o. STATE				nce before	odmiss	ion)
	Montgomery		MARYLA	-	Dist	rict of	Columbi	a			
	WN (If outside corporate limi	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (I	f outside corpor	ote limits, write R	URAL ond	give near	est town)
Bethesda	4 1		5 mos.7 da	ys	Wash	ington		47x	3		- /
	OSPITAL (If not in haspital,	give street or			d. STREET ADDRESS				е	IS RES	IDENCE
U.S. Nav	al Hospital,	Bether	da, Md.		1214	33rd S	treet, N	·W.			NO X
3. NAME OF DECEASED	Fid	rst	Middle		Lost	4. DATE OF	Mor	_	Day		Year
(Type or print)	Jose	F	Michael		DREA	DEATH	Septem	ber	8		19 58
S. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH		 AGE (In years last birthdoy) 		RIYEAR	-	
Male	White	WIDOWED	DIVORCED	0 2	20 May 1915		43 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCL	JPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Sta	ite or foreign co	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
Mariner	of working life, even if retired	U.8	S Navy		Wiscons	in			U.S.		
13. FATHER'S NAM	AE				14. MOTHER'S MAIDEN	J NAME					
Andrew J	DREA ED EVER IN U. S. ARMED FOR	CESO IV. C	OCIAL CECURITY NO	17 1045	Mary DWYER						
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	OCIAL SECURITY NO.		ORMANT	1 17.1	Add		10	Δ.	110)
Yes 12-19	9-34 to 6-1-5	7 39	77 30 8785	(MJI	e) Mrs. Au	dree Vi	rginia L	REA	(Same	AS.	#2)
	F DEATH [Enter only one co		for (o), (b), ond (c).]						INTER	VAL BE	TWEEN
PART	1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Bom	1- (ADONALC	Can	emond.	Part !	Russa.		ONSE		DEATH
162	DUE TO		" crest - ac	7:021	concrete,	0.61	TO STATE		-	1 10	103
Conditions	if any which)		9				7				
	to immediate								-		
	oting the under-										
lying couse											
PART	I. OTHER SIGNIFICANT CON	DITIONS CC	NTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 19		RMED?
5										YES	NO X
	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED.	(Enter nature of injury i	n Port 1 or Part	Il of item 18.)				
	INJURY Month, Day, Ye	or 20d. INJ	URY OCCURRED 20	Oe. PLAC	E OF INJURY (Home, fo	rm, 20f. (City	ar town)	((County)		(Stote)
Hour o	10	While of work	Not while	focto	ry, street, office bldg., e	elc.)					
	p. m.			toh	19 58 to 8	Sept.	58				
21. I certif	fy that I attended the	deceased	from Or Mar	. 611			19	,that I	last say	w the	deceased
alive an	8 Sept.	, 19_2	8, and that d	leath a	ccurred at 3.62	M, fram	the causes of	and on t	he date	state	d abave
	EU 03	10					eet, city or town,				TE SIGNED
ACTUAL SIGNATURE_	67.11n	pre!	3	М.	U.S. Nava	l Hospi	tal, Bet	hesda	a, Mo	•	9-9-5
		1									
PHYSICIAN'S NAME (Type)	E. J. RUPNIK	, LCD	R,MC,USN		U.S. Nava	l Mospi	tal, Bet	hesda	a, Mo		
220. BURIAL, CREA	MATION, 226. DATE THEREC	F	22c. NAME OF CEMETE	ERY OR O	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stote	e)
REMOVAL (Sp Burial	9-12-58		Arlington N	lat: 17	Cemetery		gton, Vi		la		1 1 2 1
		7391		,			RAR 24b. REGI				
Chamban	- 2070 Hall o		T TI what wash a					-1		11	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 D FUNERAL IT ECTOR: After this certificate has been signed by the attending physician and campletely filled in B page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after depth. TO FUNERAL P VS A15 (4) 1SM 10/S7

by the haspital or attending physician.

The state of the s ed by seed) were market throughout (see) fair the larger was an incident the second of edwig F E H A Colon of the Colo And the state of t

FOR STATE HEALTH DEPT.

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sctor. Page your files. necessary, please of Heolth, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any deloy is near execute the criticate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral diseased should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL GRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boy or its designated agent, prior to burial, cremation, or remaval, and in any eyent with 22 hours after death.

VS. A15ME 5M 2/57 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10000	Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Montagemery MARYLAND	o. STATE md b. COUNTY monty
b. CITY OR TOWN (If outside corporate limits, write RURAL on flatte negretal lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Dring 9 yrs	56 Selvar Spung
d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IN NOTE
3. NAME OF First Middle	Lost 4. DATE Month Doy Yeor
(Type or print) George Henry D	rury ds. OFATH Sept 6 1958
5. SEX 6. COLOR OF LACE 7. MARRIED NEVER MARRIED	B. DATE OF BATH 9. AGE IN years IF UNDER TYEAR IF UNDER 24 HKS.
male white WIDOWED DIVORCED	2-/3-84 74 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS) during most of working life, even if refired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
advantage armount Co	Ind use
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Glo. H. Drury	Plin: Learnon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service] 5. SOCIAL SECURITY NO.	INFORMANT Address
20 579-05-4259-Amo	orie 4. Heints - Shin 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	otelusion sudden
420,1 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause (a), stating the underlying DUE TO	
cause fost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Enter noture of injury in Port I or Port II of item 18.}
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLA While Not white for year. 19 of work of work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held an Autopsy . Inspection A Inquiry R. and in my
apinion death resulted fram: Natural causes Accident	, Suicide, Homicide, Undetermined manner
ACTUAL FOR BOLD	DATE SIGNED
SIGNATURE haut for Deschart	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FLANK J. BLOSCHZAN	ASSISTANT MEDICAL EXAMINER D 9-6-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
Burial (Specify) 9/9/58 Gate of Heaven	Cemetery Montgomery County, Maryland
28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SILVER Spring.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Warner E. humphrey, Silver Spring,	Ma. DATE SEP 9 '58 Orthun S. Traus

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HE CENTRAL TENERS		The state of the state of	

furehol director,

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	103	33	CERTIFIC	AIL	I DLAI	• •		Reg. Di	st. No.		
1, PLACE OF DEATH a. COUNTY	Montgome	ry	MARYLAND	o. STA			l lived. If instituti b. COUNTY Prince	on: Residen		e odmis	sian)
b. CITY OR TOWN (II	outside corporate limi crest town CDECK	ts, write	c. LENGTH OF STAY IN 16		or town (if		rate limits, write R	URAL and	give nea	rest taw	n) /
OR INSTITUTION	AL (If not in haspital, g				REET ADDRESS					ON A	SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	John		Middle	Du	Lost Lnn	4. DATE OF DEATH	Sept.	ith 2(Do:	y	Yeor 1958
5. SEX Male	6. COLOR OR RACE	7. MARRI	DIVORCED	B. DATE O		1875	9, AGE (In years lost birthdoy) 83 yrs.			Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Laborer	N (Give kind of work ing life, even if retired	done 10b. I	KIND OF BUSINESS OR IND		RTHPLACE (SION			12. CIT		S.A	COUNTRY?
13. FATHER'S NAME	Mack Dunn			14. MO	Unknow						
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFORMAN		ler	Glenard	ien,	Md.		
PART I. DEAT LLL 2 Conditions, if or gove rise to in couse (a), stoting t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which nmediate the under- (c))	Hemiplegi Hypertensi	ve Ca					ONS	ET AND	ETWEEN DEATH BYS
CATIC			ONTRIBUTING TO DEATH BU					/EN IN PAR	T I(a) 1	PERFC	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b.4DESC	RIBE HOW INJURY OCCUR			1	II of item 18.)		1	/	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	20d. IN While of work	_ Norwhile _	PLACE OF IN factory, street	DAX (Home, for affice bldg., e	rm. 20f. (City	or own)	. / 3	Coonly)		(State)
21. I certify the alive on Sell SIGNATURE PHYSICIAN'S NAME (Type)	t 20	158	and that dea	M.D.	d at3:45	ADDRESS (SI		and an t		e stat	
220. BURIAL, CREMATION REMOVAL (Specify)	9/23/5		Clenarden,		ORY		narden,	Md.		(Stal	le)
23. FUNTERAL DIRECTOR'S	Signature	e-	ADDRESS Rockville,	Md.	24o. REG DATE	SEP 2 6		strar's sic			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shours be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours other death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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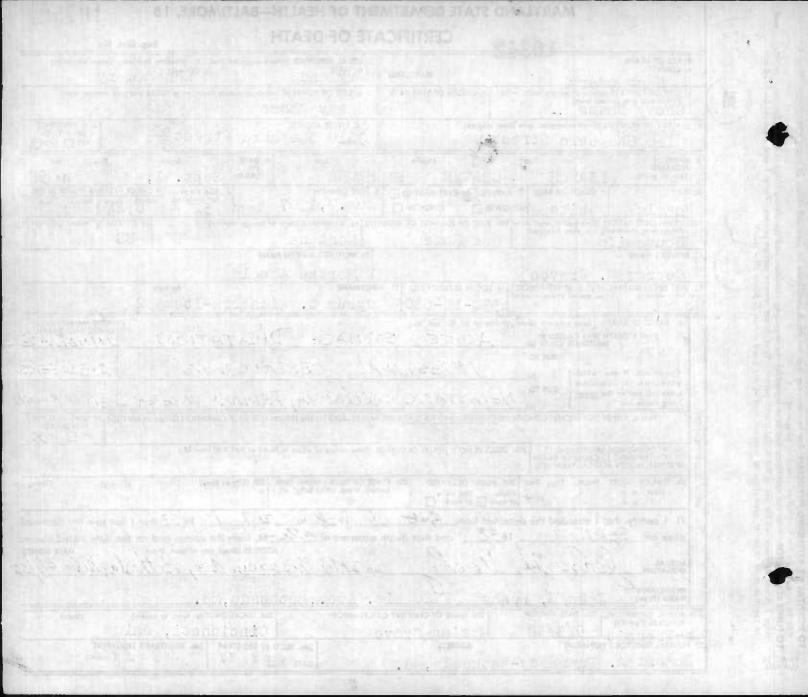
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) e. IS RESIDENCE ON A FARM? YES NO T Year 1958 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL SETWEEN ONSET AND DEATH dear PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO M (County) (Stote) 1958 that I last saw the deceased and that death accurred at 5:25 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

M

	103	49	CERTIF	ICAI	E OF DE	AIH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Montgo	merv	210	MARYL	444	usual RESIDENCE. STATE	1000	deceased	lived. If institut b. COUNT	ion: Reside	nce before	re admiss	ion)
b. CITY OR TOWN (IF RURAL ond give ned Chevy Ch	outside corporate limits, arest town)	write c. LE	NGTH OF STAY IN	1	c. CITY OR TOW Chevy C	N (If outsi						1)
d. NAME OF HOSPITA OR INSTITUTION 3410 She	ol (If not in hospital, give pherd Str	eet	ss)	/	d. STREET ADDR 3410 Sh		erd s	Street				FARM?
R. NAME OF DECEASED (Type or print)	LEANOR	CRA	Middle VEN	FISH	Losi BURN	4.	DATE OF DEATH	Sept.	nth	Do		Yeor 19 58
Female	White w	VIDOWED 🗍	DIVORCED	o A	ug.7,19			9. AGE (In years lost birthdoy) 51 yrs.	Months	24 24	Hours	ER 24 HR Min.
Housewif	ng life, even if retired)		OF BUSINESS OR Home		Montan	ıa		untry)		JS	OF WHAT	COUNT
3. FATHER'S NAME George W	. Craven			1	Martha							
S. WAS DECEASED EVER (Yes, no. or unknown) (H	IN U. S. ARMED FORCE f yes, give wor or dates of servi	ce)	L SECURITY NO19-660	17. INFO	rmant yrus C.	Fis	shbø:	rn-Iter	lress			
Conditions, if an gave rise to im corse (a), stating the lying cause lost. PART II. OTHI	mediate (META	NTEST STATIC PIBUTING TO DEAT	CAR	CINOMA		CHA	RY UND	E <i>TERI</i> VEN IN PA	7. 1(o) 1	D UN	AUTOPS PRMED?
PART II. OTHE	CAUSE OF DEATH		HOW INJURY OCC					12 (1)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year		OCCURRED 2 Not while of work	PLACE factory	OF INJURY (Home street, office bld	e, form, ; lg., etc.)	20f. (City	or town)		(County)		(State
21. I certify the alive on		1953 Denuchy		death ac	7720 7/1 Ave., F	ADCAN ADCAN ADCAN Bethe	A, fram DRESS (SIN	eet, city or town, are for the Md.	stole) Sethe		nte state	ATE SIGI
REMOVAL (Specify)	9/3/58	Sp	ring Gr		EMATORY			on (City, town, innati	or county)	io	(Stote	2)
Robert A.	Pumphrey		address esda.Md			TE SEP			STRAR'S SI	0 11		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL COOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hays after death. VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT.

ressary, please rectar. Poge your files and of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the artificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral should be provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL OIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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Q Q VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	141343				Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	O STATE SE	Where deceased lived. If institution b. COUNT	rv	before odmission) Comery
b. CITY OR TOWN and give nearest to Bethe		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside corporale limits, write	RURAL and giv	re necrest town)
		t in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM2
	Suburban H	ospital	7400 Summit	Avenue		YES NO
3. NAME OF DECEASED (Type or print)	First Emily	Middle Russell	Ford	4. DATE Mont) Year 1958
5. SEX	6. COLOR OR RACE 7.	MARRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER TYE	AR IF UNDER 24 HRS.
Female	White w	DOWED DIVORCED	October 9, 19	30 27 yrs.	Months Day	Hours Min.
100. USUAL OCCUPAT during most of work House	king life, even if retired)	10b. KIND OF BUSINESS OR INDUS	Rome, New		U.S.	OF WHAT COUNTRY
13. FATHER'S NAME	711220		14. MOTHER'S MAIDEN N			
Dr Fd	lwin P. Russel	1	Mazie Sh			
15. WAS DECEASED E	EVER IN U. S. ARMED FORCE		NFORMANT HUSDS			
(Yes, no, ar unknown)	(If yes, give war or dates of service		. Kent Ford,	<u>-</u>	above	
18. CAUSE OF DE	ATH Enter only one couse p		,		[11	NTERVAL BETWEEN
	ATH WAS CAUSED BY:	C1. 11	a.a., 1		C	ONSET AND DEATH
21118	IMMEDIATE CAUSE (a)	came of a	augus		-	sudden
Conditions, if	DUE TO	B -100	- TI			1
gave rise to imm	rediote cause	moreniae	Mishm	u		
(a), stating the	underlying DUE TO				13613	
PART II, O	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	NALDISEASE CONDITION GIV	VEN IN PART 1(c	PERFORMED? YES NO
20a. EXTERNAL C. PRIMARY D or CO CAUSE OF DEATH	AUSE WAS ONTRIBUTING []	ESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Por	t I or Part II of item 18.)		
20c. TIME OF INJ	1.	20d. INJURY OCCURRED 20e. PLA White Not while of work of work	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify	that I taok charge af	the remains described abo	ve, held an Autaps	y , Inspection	, Inquiry [, and in my
opinian deat	h resulted fram: Nat	ural causes . Accident	, Suicide, I	Hamicide, Undete	ermined mar	nner 🗌
ACTUAL SIGNATURE	Frank J.	Broschart	M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type)	FHANK 3	T. Broschart	DEPUTY MEDICAL		9-10	1-58
220. BURIAL CREMAT REMOVAL (Special POMO VAL	10N, 27b. DATE THEREOF (y) 9/10/58	Mountain Vie		22d. LOCATION (City, town, Clifton F		(Stote)
23. FUNERAL DIRECTO		2901 April St.	N . W . 240. REC'	D BY REGISTRAR 246. REGI	STRAR'S SIGNA	

A VICE OF A STATE OF THE STATE THE RESERVED FRANCISCO OF THE PROPERTY OF THE PERSON OF TH .007-10-119 The Late of the Control of the Contr

20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour O. n While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stole)

(Stote)

21. I certify that I attended the deceased from October, 1957, to Sept 1958, that I last saw the deceased 8, and that death accurred at 8:15 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-26-58 Buria

22c. NAME OF CEMETERY OR CREMATORY Gate of Heaven

22d. LOCATION (City, town, or county) Silver Spring. Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Pumphrey Funeral Home. Bethesda. Md. 240. REC'D BY REGISTRAR 25 DATE S

24b. REGISTRAR'S SIGNATURE arthur S. Thank

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE PRIDEATH	Tapmoru	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	perfore admission) TOWNERY
	b. CITY OR TOWN RUPAL and give	(Noutside corporate limits, write nearly town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate X SCHOOL Brook		e healest town)
1	OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	15013 Brookda	le 19d	e, is residence on a farm? Yes \(\) NO \(\)
	3. NAME OF DECEASED (Type or print)	Ethe	Dodge	Trost 4. DATE OF DEATH	September	26 1958
	5. Female	6 COLOR OR RACE 7. MARI	ED DIVORCED	1 Vune 1890 1	Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
)	10010	ION (Give kind of work done 10b. sking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	land 12. CITIZ	EN OF WHAT COUNTRY?
	13. FATHER'S NAME	1 De Witten	Frost	14. MOTHER'S MAIDEN NAME	odge	
	15. WAS DECEASED EV	(ER IN U. S. ARMED FÖRCES? 16.	SOCIAL SECURITY NO.	w theren Robinson (Sister 1001	3 Brookdok
		ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	ma of overy	meth	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gave rise to couse (o), stating lying couse last	the under-	2 goner	alized millar	lasis	1
0	PART II. O' 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II o	f item 18.)	
	20c. TIME OF INJU Hour o. m.	While	£-	ACE OF INJURY (Home, farm, 20f. (City or t ctory, street, office bldg., etc.)	own) (Co	unty) (State)
	21. I certify olive on	that I oftended the decease		occurred of 10.45 PM, from the	e couses ond on the	st saw the deceosed dote stoted obove.
1	PHYSICIAN'S NAME (Type)	Harry A.	tons timely	no 1831 Eyest		Nash 67
	220. BURIAL, CREMATI REMOVAL (Specifi Burial		St. Phillips	Church Cem 22d. location	(Cig. town, or county) el, Mary	rland (Stote)
	23. FUNERAL DIRECTO ROBERT A	R'S SIGNATURE PUMPHREY,	Bethesda,	Md. DATE OF 3 0 158	24b. REGISTRAR'S SIGN	

VS A15 (4) 15M 9/55 STATE OF THE PARTY OF THE PARTY

CERTIFICATE OF DEATH 10276 Rea. Dist. No. Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY a. STATE b. COUNTY MARYLAND Amin b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES T NO TO .5 NAME OF First Middle 4. DATE Year Month DECEASED (Type or print) DEATH 19] 5. SEX 6 COLOR OR RACE AGE (In years last birthday) 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days WIDOWED T DIVORCED [papers. yrs. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Canditions, if any, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Haur o. ft. While Not while 19 p. m. at wark at work 21. I certify that I attended the deceased from 12000 ta_ >= , 19___, that I last saw the deceased alive an and that death occurred at 1 b M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shoul PHYSICIAN'S NAME (Type) TO FUNER 22a. BURIAL-CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cirthur S. Traus DATE 15M 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-	02	7	7	CERTIFICATE	OF	DEATH
	136	1 1	4	CERTIFICATE	UF	DEMIL

Reg. Dist. No. 10312

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
ı	o. county ontgomery MARYLAND	6. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	THOMA Park 15 days	Long Island - Bellevose
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS) e. IS RESIDENCE
0	Washinston Sanitarium + Hospital	M9-50 270th. St. VES NO X
Ī	3. NAME OF Sirst Middle	A Lost 4. DATE Month Day Yeor
	(Type or print) Mathew Tycynk	(TO) OF DEATH 9 10 1959
I	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Wate Cauc. WIDOWED DIVORCED	4-25-87 last pirthday) Months Days Hours Min.
X	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Plastever	atay. U.S.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph Gallo	Genevieve Calasie
	IYes, no, or unknown) Iff yes, give wor or dates of service)	NFORMANT Address
	Yes WWI 117-03-5141 (hart
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIONCO - DIELE	mana Tenmina 12 days
9	900.0 DUE TO	
1	Conditions, if any, which) (b) (ATCINICA .	1 1 h 1 h Lot 3 days
1	gove rise to immediate couse (a), stating the under-	2 of weller and or prostate, it
1	lying couse lost. (c) DUTIER FROCTE	well Due to Hocket 15 days
1	RART II) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DISCONDING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW, INJURY OCCURRE OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TO THE PROPERTY OF THE PRO	MINOS (Diahedes Mellidus) PERFORMED?
1	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CAUSE OF DEATH OF THE CONTRIBUTION OF CO	D. (Enter nature of injury in Part I or Part II of item 18.)
		me of Relatives Down Baseman Fatteps
-	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED AND SWhile Not while of work of work	ACE OF IN URY (Home, form, 20f. (City or town) (County) (State)
1	Hour o. m. p. m. 12 3 0 While Nat while of work of work	one Jakomatan Montagness, Md
1	21. I certify that I attended the Deceased from 8 26 5	3 19 to 9-10-58, 19 that I tast saw the deceased
1	alive an 1-9-58 19 and that death	accurred at \$25 M, from the causes and an the date stated above.
1	1 0 1000	ADDRESS (Street, city or town, state) DATE SIGNED
1	SIGNATURE Neckeus To Capp	M.D. /600 (arroll Hry), 4-10-58
I	PHYSICIAN'S	Takoma Parkollid
Į	NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(Sidile)
-	BURIAL 7-12-30 LONG ISTAND	PM. N.Y. NY
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Jo. Hawleis Jons Juc. 1756 Fa. 1.	loe Na DATE SEP 15:58 arthur S. Trans

MIARCIO STACRETICED Teaming Million I. Commission

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10346

CERTIFICATE OF DEATH

Pag Diet No

						Reg. Dist.	140.
1. PLACE OF DEATH o. COUNTY Mo:	ntgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Penns	Where deceased li	b. COUNTY	on: Residence	before admission)
b. CITY OR TOWN (IF RURAL and give ned Bethesda	outside corporate limits, varest town)	c. LENGTH OF STAY IN 16		f outside corporate	e limits, write R	URAL and give	e nearest town)
d. NAME OF HOSPITA OR INSTITUTION The Clini	L (If not in hospitol, give cal Center.	street oddress) Bethesda 11. Md.	d. STREET ADDRESS	Graham	Avemie		e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print)	Fint Thomas	Middle Michael	Lost Geiger	4. DATE OF DEATH	Man	mber	Day Year 17 19 58
5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH October 14.		AGE (In years lost birthdoy) 8 yrs.	IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION	HILLOU	None	Penns	ylvania		12. CITIZE	U.S.A.
Thomas L.	Geiger			Dashko			
	IN U. S. ARMED FORCES f yes, give wor or dates of service	? 16. SOCIAL SECURITY NO. 17.	The Clinical				Maryland
Conditions, if on gove rise to im couse (o), stoting the	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate DUE TO	per line for (a), (b), ond (c).] Staphylococca Lymphocytic 1					INTERVAL BETWEEN ONSE! AND DEATH O days 10 wks.
CATIC		ONS CONTRIBUTING TO DEATH BI				EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Manth, Doy, Year		RED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg.,	orm, 20f. (City or		(Cou	unty) (State)
21. I certify the alive on Sept alive on Sept actual signature Physician's NAME (Type)	ember 17, Nathan	3. Taylor	th occurred all 0:00 M.D. The (Natio	M, from I	the causes of et, city or town, Center titutes	of Hes	9-17-58
220. BURIAL, CREMATION REMOVAL (Specify) BURTAL	SEPT 20, 1	958	Roman Cathol	ic 22d. LOCATIO	ON (City, town, town, town, town)	or county)	t Co. Pa.
23. FUNERAL DIRECTOR'S	MOEN	Windber, Penn	24g. S DATE	EP 2 2 '58	R 24b. REGIS	strar's sign hun S. Ki	

e funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

D FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely fitled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremotian, or removal, and in ony event within 72 hours after death. may be retain

VS A15 (4) 15M 9/55

MAKILAND STATE DEPARTMENT OF HIALITE-BALLINGBLIE

CERTIFICATE OF DEATH

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		Femal		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10347 CERTIFICATE OF DEATH

Reg. Dist. No.

10314

1		Keg. Dist. 140.
1.	DEACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If outside comparate limits, write RURAL and give notices town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Julean	1 d. STREET ADDRESS 1 807 - Blickgard of YES NO
8.	NAME OF DECEASED (Type or print) Taniel Middle	Lost 4. DATE Month Doy Year DEATH JUST, 27 19.58
	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
3	00. USUAL OCCUPATION (Give kind of work-dane) 10b. KIND OF BUSINESS OR INDU during most of working life wear of relifed)	7/6 any, n.y. 11.5.A
	Harry Gold berg	Starah Most Kousty
150	5. WAS DECEASED EVER IN U. B. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no. or unknown (If yes, give wor or doubt of service)	Morton Goldberg -154 Calley & a
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ial farlen ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underly lying cause last. (b) John Mr. M. Co. Licente Mr.	marchagic provertitos 2 conto
CENTIFICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I ar Part II af item 18.)
MEDICAL	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 While at wark at wark	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.) (City ar tawn) (County) (State)
	21. I certify that I attended the deceased from 9/22 alive an 7/27, 19,57, and that death	accurred at 125AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
	PHYSICIAN'S HOPKINS N. JØNES	ROCKVILLE, MARYLAND
	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL Grecify) 9/28/58 KING DAVI	D CEMETERY FALLS CHURCH, VAO
2	SAFUNDAL DIRECTOR'S SIGNATURE ADDRESS W	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP 2 9 '58 Conting S. Kraus

e funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shave be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

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Vector, Page your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is ne execute the chifficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL ARECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bu or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE	E, 18
1 MEDIC	AL EX	AMINER'S	CERT	TIFICATE	OF DEATH	R

10315

10348			Reg. E	ist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution: Resid	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write BURAL and give negrest lown)	c. LENGTH OF STAY IN 16 Found dead	c. CITY OR TOWN (If outs 56 Silver Spri	ide corporate limits, write RURAL on	d give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp NOEWOOD Rd	ital, give street address)	d. STREET ADDRESS / 13210 Georg	ia Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Maiben Ernest	Middle Gordor		DATE Month DEATH Sept. 26,	Day Year 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIEI WIDOWED	NEVER MARRIED 8	DATE OF BIRTH 4/16/14	9. AGE Illo years IF UNDER Months YFS.	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired) ASS to Mgr.	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE IStoto or le	oreign country) 12. CIT	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John H. Gordon		Christine M	ills	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) 1 Iff yes, give wor or doles of service)	OCIAL SECURITY NO. 17.	FORMANT	Address	
	9-05-7005	Laurese Byrd	Gordon Ite	em 2
973/	on monoxide po	isoning		interval serven onti and graff found dead in auto
PART II. OTHER SIGNIFICANT CONDITIONS CO. Body badly decomposed. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Apparently dea	d for about 2	wks. when found	11(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ttached from e	nter noture of injury in Part I or Exhaust extendi	ng into car	
ZOc. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of wor	Not while facts	CE OF INJURY (Home, form, 20 pry, street, office bldg., etc.)	Of. (City or town) (Co	unty) (Stote)
21. I certify that I took charge of the re	emoins described obo	ve, held an Autopsy	, Inspection , Inqui	ry 🕅, ond in my
opinion deoth resulted from: Natural co	auses , Accident [, Suicide K Hom	nicide , Undetermined	manner 🔲
ACTUAL SIGNATURE Trank J. Br	mhart	_M.D. CHIEF MEDICAL EXAMIN	0.10	DATE SIGNED
EXAMINER'S Frank J Brosch	art	ASSISTANT MEDICAL EXAM		6/58
PEMOVAL (Speciful	RLINGTON NAT .		ARLINGTON VIRGI	(Stote)
Defineral director's signature giska	ADDRESS SILVER SPRING	MD. 240. REC'D 8Y		

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Andrew , se	TWENTED TO THE PROPERTY OF	CITED SECTION	\$8\UF\V		
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FOR STATE HEALTH DEPT

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necessary, please intector. Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is n execute the capital should be word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL WIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

10316 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

B. COUNTY MONTCOMERY b. CHY OR TOWN 13 and a repress from 1, mine to 12/4 C. LENOTH OF STAY IN 16 b. CHY OR TOWN 13 and a repress from 1, mine to 12/4 C. LENOTH OF STAY IN 16 c. CHY OF HOWN (If divide corporate limit, write RUAL and give interest lawn) and give reposal tump of give repress from 1, mine for 1/2 C. CHY OF HOWN (If divide corporate limit, write RUAL and give interest address) d. NAME OF HOSPITAL OF INSTITUTION (If main hospital) give street address) J. NAME OF FIRST Middle Cost Suburban Hospital Windle Cost ORAN September 3 19 58 S. SEX G. COLOR OF RACE MADRIED OF NEVER MARRIED D. DATE OF BINTH Male Windle Windle WINDOWS D. DIVORCE MOV. 23, 1930 P. ACE In years If UNDOUGH INTEREST F. MARRIED OF NEVER MARRIED D. DATE OF BINTH Mary Land Windle WINDOWS D. DIVORCE MOV. 23, 1930 P. ACE In years If UNDOWS C. CHY OF RACE MADRIED OF NEVER MARRIED D. DATE OF BINTH Male Windle WINDOWS D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH D. DATE OF BINTH Male WINDOWS D. DATE OF BINTH D. DATE OF BINTH	1	PLACE OF DEATH				2. USUAL RI	ESIDENCE (V	/here decea	sed lived. If instit	ution: Resid	ence bel	ore odm	ission)
D.O. A. D.O. STREET ADDRESS Suburban Hospital D.O. A. STREET ADDRESS Suburban Hospital D.O. A. STREET ADDRESS ON A FARM. D.O. STREET ADDRESS D.O. STREET ADDR			TGOMERY		MARYLAND	o. STATE	MARY	LAND	b. COUN	MO!	NTGO	MERY	
d. NAME OF HOSPITALO RINGITUTION (If not in bappind, give ment address) Suburban Hospital J. MANS OF DECASED BY OF OR NACE MARRIED Middle DETTIN S. SEX G. COLOR OR RACE MARRIED DIVORCED DIVORCE		b. CITY OR TOWN (It o	outside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (II	outside car	porate limits, write	RURAL on	d give n	earest to	wn)
Suburban Hospital 3. NAME OF DECAME OF FIRST DOCAME OF STATE OF			HESDA		D.O.A.	26	ROCE	VILLE					
Suburban Hospital Color Decade Note April Middle		d. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address)	d. STREET	ADDRESS						
Decay Deca		Suburba	n Hospita	<u> </u>		1025	316	Grand	in Avenu	e, Ro	ckvi		
Contracting	3	DECEASED	Fir	sl	Middle	la	st	4. DATE	Mont	h	Doy	Y	ear
Male Winter Windowed Divorced Nove 23, 1930 Nove 1931 Months Day Mount Min.	-										3		9 58
DIOS LISTAD COULT NON RIGHT with def work in def wor	5	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED				9. AGE (In years lost burthday)		- Contract		
Section Sect	_								21 yrs.			Hours	Min.
13. FATHERS NAME James Grant 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED VER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH Entre only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. OUE TO Conditions, if any, which gove rise to immediate couse (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PENFORMED? 200. EXTERNAL CAUSE WAS CAUSE WAS COUSE FOR INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY (Home, form.) 20d. (City or Item) (County) (Slote) FOR THE OWN INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY (Home, form.) 20d. (City or Item) (County) (Slote) FOR THE OWN INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PUSHING FOR INJURY (Home, form.) 20d. (City or I	/!	Oa. USUAL OCCUPATION during most of working	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS	FRY 11. BIRTHP	LACE (State	ar fareign	country)	12. CIT	IZEN O	F WHAT	COUNTRY?
James Grant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PART II. DATH WAS CAUSE ON DEATH [Enter only one course per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? PUSHING FINIURY Month, Doy, Year Month, Doy, Year Own Work II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PUSHING FINIURY Month, Doy, Year Own Work II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUT	L		oreman	Cor	ntracting	Maryl	and				USA	311	
13. MAS DECEASED EVER IN U. S. ARMED PORCES 16. SOCIAL SECURITY NO. 17. INFORMANT 17.	1	3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME	-1				
13. MAS DECEASED EVER IN U. S. ARMED PORCES 16. SOCIAL SECURITY NO. 17. INFORMANT 17.	L	Jame	s Grant				Bessie	a McKi	lvev				
ST3-31-9915 Hospital Returned ST3-31-9915 Hospital Returned Part I. Death Was Caused by Part II. Death Was Caused by Registrat Signature Part II. Death Part II. Death Registrat Signature Part II. Death Pa	1				SOCIAL SECURITY NO. 17.	NFORMANT							
PART I. DEATH WAS CAUSED BY. 9 / 0. DUE TO Conditions, if ony, which gove rise to immediate couse (b), stoling the underlying (couse lost). FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING 200. EXTERNAL CAUSE WAS PREMARY 201. I certify that 1 took charge of the remains described abave, held an Autopsy ASSISTANT MEDICAL EXAMINER ASSISTANT		yes	marine	2 5	73-34-9915	York.	Reas	nd					
DUE TO Conditions, if any, which gove rise to immediate cause (c), slating the underlying (c), slating the underlying (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PUSHING Fallen tree (with bulldozer) which snapped back and hit his cause of Death. Pushing fallen tree (with bulldozer) which snapped back and hit his power. 20c. TIME OF INJURY Month, Day, Year While Not while Not while Opening the Industry of Country. (State) 21. I certify that I taok charge of the remains described abave, held an Autapsy II, Inspection II, Inquiry II, and in my opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my Opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my Opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my Opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my Opinion death resulted fram: Natural causes III, Accident III, Suicide III, Homicide III, Inquiry III, and in my Opinion death resulted fram: Natural causes III, Accident III, Accident III, Accident III, III, III, III, III, III, III, II		18 CAUSE OF DEAT	H [Enter only one can	se per line l	for (a), (b), and (c).]	V					INTER	YAL BETWE	EN
OLE TO Conditions, if any, which gove rise to immediate couse (c), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY GOVERNOUTH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY GOVERNOUTH CONTRIBUTIONS		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ludmonary Lumon on have											
gove rise to immediate couse (a), staling the underlying OUE TO (c), staling the underlying OUE TO (c), staling the underlying OUE TO (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PRIMARY To reconstruction of injury in Part I or Part II of item 18.) PUSHING FIRMARY OF CONTRIBUTING OF CONTRIBUTION OF		910.5	910 h										
(c), stoting the underlying of the course tort. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING PUSHing fallen tree (with bulldozer) which snapped back and hit him causes of DEATH. 201. Time of Injury Month, Doy, Year While Not while of work of wor				R	Lune Rt.	bulm	0060	- 0	otion.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED						U .		1	7				
PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of item 18.) Pushing fallen tree (with bulldozer) which snapped back and hit him to the part of the part of the pushing fallen tree (with bulldozer) which snapped back and hit him foctory. street, office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, foctory, street, office bldg., etc.) 21. I certify that I taok charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opinian death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE								1					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)	1	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 11	P. WAS	AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)											1		atomic .
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)	25120	200. EXTERNAL CAUS	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED. (nter nature of i	njury in Parl	I or Part II	of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. 20d. INJURY OCCURRED While Not while of work of twork of work of wore of work			P	ushing	g fallen tree (with bu	11doze	r)whi	ch snapp	ed bac	ck a	nd h	it him
21. I certify that I taok charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opinian death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE	1	20c. TIME OF INJURY		or 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY	(Home, form	20f. (City					-
opinian death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner [] ACTUAL SIGNATURE	1 2	Q pom:	9-3 125			La Ha	Pel	B	, The ela	m	200 To		mol
opinian death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner [] ACTUAL SIGNATURE		21. I certify the	at I taok charge	of the r	emains described abo	ve, held ar	Autaps	(DC), 1	nspection 🗍	Inquir	v T	an	d in my
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI								-			, –3.		,
SIGNATURE SIGNATURE			Onderermined manner										
ASSISTANT MEDICAL EXAMINER PARTIE DEPUTY MEDICAL EXAMINER PORT D			raugh ()	130	ose hart	M.D. CHIEF	MEDICAL EX	AMINER				DATE S	IGNED
220. LOCATION (City, town, or county) Burial 23. FUNERAL DIRECTOR'S SIGNATURE 22. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							ANT MEDICA	L EXAMINE	R 🗍	· -			
220. BURIAL, CREMATION, REMOVAL (Specily) Burial 220. Date thereof Parklawn Cemetery ADDRESS 221. LOCATION (City, town, or county) Parklawn Cemetery Rockville, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	-		HANK :	T. 13	tosche Ht	DEPUT	MEDICAL E	XAMINER [2	7-3	33	8	
Burial 9/6/58 Parklawn Cemetery Rockville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	2		, 226. DATE THEREC			CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			9/6/58		Parklaum Com	eterv	-8				rvla	nd	
Robert A. Pumphrey Bethesda, Maryland DANE SEP 5 '58 arily S. Thous	2	. FUNERAL DIRECTOR'S			ADDRESS	- J			RAR 24b. REGI	STRAR'S SIC	SNATUR	E	
	L	Robert A.	Pumphrey	Beth	esda, Maryland		DATE SI	EP 5	58	ribur &	. Tha	ud	

ST STOMPTHE WILLIAM TO THE MENT OF THE COLLECTION OF DON'T THE TAX OF THE PARTY OF T A Line Department of the Control of

ADDRESS

Washington

10317

e. IS RESIDENCE ON A FARM?

YES NO TO

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

0

(County)

24b. REGISTRAR'S SIGNATURE

Criting S. Thous

24g. REC'D BY REGISTRAR

DATE SEP 1 6 '58

PAYS

Min.

VS A1S (4) 15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE

Best waster and a second of Chedia (in a) Market of Landau and Alleria and Alleria 9-15-1558 | dedic fill decompage | Stitlegad. Me orlead Date of the second section of the second sec

e funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

moy be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physicion and completely filled in poge 3 show be detached for use os the buriol-transit permit. Then please remove corbon popers. Pages 1 and the registror priar to burial, cremation, or remaval, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10350

CERTIFICATE OF DEATH

10318

His File and the Control of the Cont			Keg. Dist	, No. O Z. O		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased in		e before admission)		
MONTGOME	RY MARYLAND	MARGLAN	b. COUNTY MONT	IGOMERY		
b. CITY OR TOWN (If outside carporote lim RURAL and give nearest town)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporat	e limits, write RURAL ond gi	ve nearest town)		
SILVER SPRING	15 YEARS	56 SILVER SP	RING			
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS	7	e. IS RESIDENCE		
117 UNIVERSITY	BLUD. WEST.	117 UNIVERSITE	4 BLUDWES	ON A FARM? YES NO D		
(Type or print)	rst Middle 27HUR CECIL	GRETTON 4. DATE OF DEATH	SEPT.	Day Year 27 1958		
S. SEX MALE 6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AUG: 21, 1878		YEAR IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired COMMERCIAL ARTIST	d)	STRY 11. BIRTHPLACE (State or foreign cour ENGLAND.		CHL'AND		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
HENRY	GRETTON	WAC	E.			
15. WAS DECEASED EVER IN U. S. ARMED FO		INFORMANT	Address			
[Yes, no, or unknown] (If yes, give wor or dates of	037-01-7305	WENC, GRETTON	AS ABO	UE.		
18. CAUSE OF DEATH [Enter only one of PART 1. DEATH WAS CAUSED BY:		4 OCCLUSION		INTERVAL BETWEEN		
1420. / IMMEDIATE CAUSE (9 000 2021000		5 MINUT		
Conditions, if ony, which		ATHEROSCLEROS/S		YEARS,		
gave rise to immediate casse (a), stating the under-		ATHERO SCLEROSSÍ				
PART II. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF		1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II				
20c. TIME OF INJURY Month, Doy, You Hour o. m. 19	Bar 20d. INJURY OCCURRED While Not while of work at work	ACE OF INJURY (Hame, farm, clory, street, office bldg., etc.)	r town) (Co	ounty) (State)		
21. I certify that I attended the deceased fram Nov., 1957, ta Sept. 27, 1958, that I last saw the deceased alive on Sept. 27, 1958, and that death accurred at 955 A.M., fram the causes and an the date stated above. ADDRESS (Street, city or lawn, stote) DATE SIGNED						
SIGNATURE Samos	i. Roberts		1 AVENUE	SEPTET		
PHYSICIAN'S NAME (Type) JAMES	A. ROBERTS	SILVER SPR	ING, MD.			
22a. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify) CREMATION 9/27/58	OF 22c. NAME OF CEMETERY OF ILINCOLN		ON (City, town, or county) E GEO. COUNTY	(State)		
23-FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGISTRA				
23. FUNERAL DIRECTOR'S SIGNATURE	ska SILVER SPRIN	240. REC'D BY REGISTRA	R 24b. REGISTRAR'S SIGI	NATURE		

	CERTIFICATE OF DEATH	10350		
			NEXAL BY STATE	U/A
All districts the same of the				
THE RESIDENCE OF THE PROPERTY				
	MANAGEMENT OF THE STATE OF THE			
Marie Wall Company of the Company of				
	PT. GENERAL COUNTRY OF			
	· maga	The second secon	AND AND ASSESSED.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10319

4	10551	CERTIFICAT	E OF DEATH	Reg. Dist	. No.
	1. PLACE OF DEATH g. COUNTY	2	. USUAL RESIDENCE (Where decease		before admission)
	Montgomen	MARYLAND	o. STATE	b. COUNTY MA	N
I	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and gi	ve nearest town)
1	Kewin natur	3 WEER 1	Kenschid	m_	
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ess)	d. STREET ADDRESS	0 1111	e. IS RESIDENCE ON A FARM?
	his question not answered		93 36 ~ E.	Beknill	YES NO NO
	3. NAME OF DECEASED	Middle (Gris	amoradi 4. DATE	Month	Day Year
	(Type or print) OSCAR	L. (>	RIJAMOR DEATH	Sept.	17 1958
	5. SEX 6: COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	A A A A A A A A A A A A A A A A A A A	YEAR IF UNDER 24 HRS.
Į	M WIDOWED	DIVORCED [Feb. 3'94	(04 yrs. Months	Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign of	ountry) 12. CITI2	EN OF WHAT COUNTRY?
1	ENa. Rild.		FILINOIT		151
1	13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME		
1	Thomas CRUJA	- Work	Unkn	own	
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) [(If yes, give wor or dates of service)	IAL SECURITY NO. 17. INFO	PRMANT	Address	
	NES WWIT		Nelson Ceris	Amala Si	Ame
1	18. CAUSE OF DEATH [Enter only one cause per line fo	r (o), (b), and (c).]			INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CAFd	ite Standard	11	ONSET AND DEATH
1	420, DUE TO				
ł	Conditions, if ony, which) (b)	MUDGE	And so instance	d Oza	
ł	gave rise to immediate Cause (a), stating the under-				٥
1	lying cause lost. (c)	MUDER	tensia		204A.
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
-	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING 20b. DESCRIBE (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	Enter nature of injury in Port 1 or Por	t II of item 18.)	
ı					
1	=		OF INJURY (Home, form, 20f. (City, street, office bldg., etc.)	or town) (Co	ounty) (State)
ı	Mour a.m. p. m. 19 While at work	Not while at work			
1	21. I certify that I attended the deceased f	rom 1955	, 19 , to Sepol.	7 . 19 Th.that 1 le	ost sow the deceased
1	alive on Send, IT, 19 ST	, and that death or	coursed of 6 P. M. from	•	
1				treet, city or town, state)	DATE SIGNED
1	SIGNATURE DOORS STORE	Jock M.D	1302 - 18, N.	w. wosh b. l	C 9/17/14
	PHYSICIAN'S M 14	0 5. 6		7	
	NAME (Type)	34 SACK			
f		. NAME OF CEMETERY OR C	REMATORY 22d. LOCA	TION (City, town, or county)	(Stote)
	REMOVAL (Specify) Burial 9-20-58	Presbyteria	n Al	exandria. Virg	inia
		ADDRESS Box 65.	24a. REC'D BY REGIS		
	23. FUNERAL DIRECTOR'S SIGNATURE W. B. Mountcastle Cunningham Funeral Home Inc.	Alexandria	A, Va. DATE SEP 2 2	'58 Cather 9	H

e funeral director, raula be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL PRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaw be detached far use as the burial-transit permit. Then please remave cardon papers? Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after dean. VS A15 (4) 15M 9/SS

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			The Market
entered to the second of the s			
	Yes I Con		
	Electrical and Electrical States		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DECOR: After this certificate has been signed by the attending physician and campletely filled in the formation of a shauldoor detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. M

VS A15 (4) 15M 9/55

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10278	CERTIFICATE	OF	DEATH	

10320

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1 Portgood ery.	Manyland Montgomers
b. CITY OR TOWN (If autside corperate limits, write RURAL and give nearest town) to kome Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	X Cheru Chase
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Wash, Sanitarium + Hosp.	Conn. Ave. + Bradley Lane YES NO
3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH Self 10 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	9/1/914 lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 Ctred	Ohio America
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Margary I Carachart	File II D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANY Address
(Yes, no. or unknown) (If yes, give war or dates of service)	Address
WW Mary None	Med. records.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiac Failure Interval Between
293 V DUE TO	· · · · · · · · · · · · · · · · · · ·
Conditions, if any, which) Bronches	DREWMONIA . I week
gave rise to Immediate	- MCalletta . Tacch
cause (a), stoting the under-	Secondary Severe lugar
(1)	
5 49/X Bleeding of Bo	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ctory, street, office bldg., etc.)
	- 1058 1 9-10- 1058 1 111
21. I certify that I attended the deceased fram.	, 1928, to 9-10-1, 1928, that I last saw the deceased
alive an 7 - 190 and that death	The state of the s
ACTUAL SPORGETTILL	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE TOPERT ASTARES	M.D. Sakoma / ark Ma, 4/10/38
PHYSICIAN'S Robert A, Hare	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, tawn, or county) (State)
Cremation 9/13/58 Cedar Hil	7 0 117 2 25
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 Crematory Suitland, Maryland 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S &IGHATURE
Robert A. Pumphrey Bethesda, Mar	yland DATESEP 1 6 '58

-18 Sp21 and I will be the state of the same of the sam the bear a will special time where I is we make the thin and any manager and most the first throughout the designation

/		1
	14	1
1	828	1

may be retained by the haspital ar attending physician.

TO FUNERAL THECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shaw be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after afeath.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR

VS A15 (4) 15M 10/57

1	(-
e funeral director,	shauld be filed with	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10279 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

			1	13	9	6)	-1
Rea	Diet	No	1	U	ال	4	

	LACE OF DEATH		2. USUAL RESIDENCE (Where decease o. STATE		ce before admission)
	Mentgomery	MARYLAND	Marylan	b. COUNTY MO	Tannies
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp.	orate limits, write RURAL and	give hearest town)
1	akoma Tark	10des	17 Takoma	Park.	
- 0	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	WashingTow Sanda	eille	1417 Care	of Aue	YES NO
0	AME OF First	Middle	Lost 4. DATE OF	Month	Doy Year
-	(ype or print) ClarA	NMN	GEOSS Man DEATH		2 1958
5. S	To I w		B. DATE OF BIRTH	9. AGE (In years IF UNDER lost by hoday) 7 7 yrs.	Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b.	90	TRY 11 DIRTUPLACE (State or feeding)	-	IZEN OF WHAT COUNTRY?
100.	during most of working life, even if retired)	Home	Russia	12. C11	Amy R
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		11//12
	Theodore BROWN		Hannah	GladsTow	•
15. 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Tes.	no. or unknown) (If yes, give wor or dates of service)	None	Hosp, Tal	Records	
	1B. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carmar	y Occusion		ONSET AND DEATH
	1120.1 DUE TO				0 470.
	Conditions, if any, which) (b)	arterios	clerosis		years?
	gave rise to immediate DUE TO	11 1 1	_ (/		
	lying cause last. (c)	Hyperle	uskow		years?
Į Š	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
3					YES NO
CERTIFICATION	OR CONTRIBUTING LE CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hour o. m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (Cit tory, street, office bldg., etc.)	y or town) (C	County) (Stale)
	21. I certify that I attended the deceas	ed from	1953 to Sept.	2 1058 4	
1	9 11 1	77			as saw the deceased
	alive an Sept 1 , 195	$2_{}$, and that death	accurred at 215/1M, fro		
	ACTUAL POST	11.	ADDRESS (S	Street, city or town, state)	DATE SIGNED
	SIGNATURE / LOTER LL	Hare!	M.D. 1600 Carroll Ul	ry Jak. Par	8, Md. 9/2/58
	PHYSICIAN'S Robert	A. HARE			
		225. NAME OF CEMETERY O	CREMATORY) 1224 LOCA	JUON (City, tawn, or Jounty)	/Ca.da-a)
	BURNAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 93-1958	Hat Memo	ral cech 7	alls Cheese	ef Vac
23/5	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIC	GNATURE
1	Hober Tevrecal Hon	u 4217 9ès	DATE SEP 4	'58 Cirthun &	. Frank

it is there to recognition - with him in the way

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	4
may be retained by the hospital or attending physician.	1
TO FUNERAL CECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	1
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	X
the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death.	X

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10352

CERTIFICATE OF DEATH

Reg. Dist. No. 1322

				110	B 1. 1. KC () () 10 10
1. PLACE OF DEATH o. COUNTY Montgomer		MARYLAND	2. USUAL RESIDENCE (W o. STATE Louisiana	here deceased lived. If institution: I b. COUNTY	Residence before admission) Orleans
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RURA	
RURAL ond give in Bethesda	neorest town)	98 days	New Orlean		5/-V 3
d. NAME OF HOSP	ITAL (If not in hospital, give stree		d. STREET ADDRESS	13	e. IS RESIDENCE
The Clini	cal Center. Bet	thesda 14. Md.	2732 Dreux	c Avenue	YES NO DE
. NAME OF	First	Middle	Lost	4. DATE Month	Day Yeor
(Type or print)	William	(none)	Gunn, Jr.	DEATH Septemb	per 8, 1958
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOV	WED DIVORCED	December 2.	1889 lost birthdoy) Mc	onths Days Hours Min.
00. USUAL OCCUPAT	ION (Give kind of work done 10th	. KIND OF BUSINESS OR INC			12. CITIZEN OF WHAT COUNTRY
		S. Naval Supp	lv Louisian	na	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
William G	unn. Sr.		Margaret	Annie McGary	
	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.		dical Record Address	
Yes	(If yes, give war or dates of service)			enter, Bethesda	LL. Maryland
18. CAUSE OF DE	ATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinoma	of the sha	rund 1	ONSET AND DEATH
1448	DUE TO	-waxing inc	The first	The state of the s	
Conditions, if	ony which)				
gove rise to	immediate (DUS TO		4	10 P P P P P	
lying couse lost	the under-				
Z PART II. OI		CONTRIBUTING TO DEATH 8	JT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
Ĭ.					PERFORMED? YES IN NO
PART II. OT	AS UNDERLYING 206. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 18.)	
1	Y MEDICAL EXAMINER)				·
			PLACE OF INJURY (Home, form		(County) (State)
Hour o.m.	10	e Not while	foctory, street, office bldg., etc	i.)	
	hat I attended the decea		10 58 to Se	eptember 8, 19 58,#	
alive on Ser	tember 8	58 and that deal	5:3	A., 19 25,11	not I last saw the decease
alive on DOL	700411002	, and that deal	th accurred at 5:34	ADDRESS (Street, city or town, state	an the date stated above
ACTUAL	9x6/1-	L		cal Center	9/8/58
SIGNATURE	sixunaix!	700	M. D.	nal Institutes of	1 1 7
PHYSICIAN'S	G. RICHARD LEE.	M.D.	Bethesda 1		r Hearon
NAME (Type)	ON, 22b. DATE THEREOF				
REMOVAL (Specify	1) - 1 - 1 - 1	22c. NAME OF CEMETERY		22d. LOCATION (City, town, or co	
Bur-Trans			Lemetery	l Orleans Pari	
23. FUNERAL DIRECTOR	CS SIGNATURE	ADDRESS			IR'S SIGNATURE LA.
Robert A	Pumphrev	Bethesda, Ma	aryland DATE SE	EP 1 5 '58 Chille	17 S. Trave



TO FUNERAL

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10353

Reg. Dist. No.

									wad. Dist.	110.	
1. PLACE OF DEATH o. COUNTY M	ontgomery		MAR	YLAND	O STATE	rkans		lived. If institution b. COUNTY	on: Residence	before odmi	ssion)
Bethesda			c. LENGTH OF STA	Y IN 1b		own (if o		te limits, write R	URAL ond giv	re nearest tow	n) V
	AL (If not in hospitol, gical Center			Md.	d. STREET A		Opera	Street		ON	SIDENCE A FARM? NO 29
3. NAME OF DECEASED (Type or print)	Fire Mick	rey	Middl Sue	3	Hale		4. DATE OF DEATH	Septe		29,	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR		B. DATE OF BIRTH		9	. AGE (In years lost birthdoy)	1	YEAR IF UND	
Female	White	WIDOWE	1		November		.939	18 yrs.	Months D	oys Hours	Min.
during most of work Housewif	ing life, even if refired)	lone 10b. I	None	OR INDU		ACE (Stote		ntry)		SA .	T COUNTRY
13. FATHER'S NAME					14. MOTHER'S					11,213	235
Paul Coo							e Carr				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	rvice)	social security no nknown	1	he Clini					Maryl	and
PART I. DEA' 6 4 8, 1 Conditions, if or gove rise to in couse (o), storing lying couse lost.	the <u>under-</u> DUE TO	Her	world	leno	Shock me]	2 sest	Wens	2		INTERVAL BONSET AND	D GEATH HES
ZATI	ER SIGNIFICANT CON								EN IN PART 1	PERF	AUTOPSY DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE). (Enter noture of	injury in P	art I or Port II	of item 1B.)			
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While	JURY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY () tory, street, office	lome, form, bldg., etc.	20f. (City o	r town)	(Con	unty)	(Stote)
21. I certify the alive on Se ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at 1 offended the pt ember 29 ACK L	decease . 125		t death	occurred of The	11:00 Clin	ADDRESS (Street Cal Cal Insti	et, city or town,	nd on the state)	dote state	deceased ed above ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) BUT-Transi	t 10/2/58	}	22c. NAME OF CEN Lake S					ON (City, town, o	r county)	(Sto	le)
23. FUNERAL DIRECTOR'S Robert A.		т Ве	address ethesda,	Mar		J	BY REGISTRA	R 746. REGIS	TRAR'S SIGN	ATURE	

	CONTRACTOR NAME AND ADDRESS.		A CARLETTE	
	HIADO TO STA		25501	
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		Men was special		
	Jovanoste 3, LLS			Endoco Ferra
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	tono Lante Et St			69
Control of the State of the Sta			N X X Y Y Y	
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	L absentant _ h		31. usine	
Distance of				

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1029/

CERT	IFICA	TE	OF	DEATH	

1	U	J	4	6

		103	54	CERTI	FIC	ATE OF D	EATH			Reg. D	ist. No.	. 1	
	PLACE OF DEATH					2. USUAL RESIDE	NCE (Wh	ere deceased	l lived. If institut		nce befo	re odmis	isian)
	Mon	tg mery		MARY	LAND	Ma	rylar	nd	D. COOKII		ntgo	ery	
	b. CITY OR TOWN (I RURAL and give ne	f autside carporate lim earest town)	its, write	c. LENGTH OF STAY	IN 1b	e. CITY OR TO	WN (If o	utside carpo	rate limits, write f	RURAL and	give nec	prest low	n)
	Bethe			5 Days		X Sprin	gfie.	ld					
	OR INSTITUTION	AL (If not in hospital,	The second	address)		d. STREET AD		ub m le	Dand			ON /	SIDENCE A FARM? NO T
3	NAME OF	urban Hospi		Middle		11 5507 Ch	este	4. DATE		4			
	DECEASED (Type or print)	Geor		E.		Han so	n	OF DEATH	Ser		Da	у	Yeor 19 58
5.	SEX			RIED TO NEVER MARRI	ED 🔲	B. DATE OF BIRTH		0.10	9. AGE (In years lost birthday)			-	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCE	0	July 9.	1887	15-51	7] yrs.	Manths	Days	Haurs	Min.
_	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS C	R INDU			ar foreign co	iuntry)	12. CI	TIZEN C	F WHA	T COUNTRY?
		ing life, even if retired)	Themanasa		Percon	stan	TTT		1	J.S.	A	
13.	Office Mar	rager.		Insurance		14. MOTHER'S M					1.0.1	13,0	
		,				77	. 7						
16	Charles J	R IN U. S. ARMED FOR	CEE2 14	SOCIAL SECURITY NO	127	INFORMANT	harlo	otta P	eterson				
(Ye	s. no or unknown)	licyes, give wor or dates of	ervice	SOCIAL SECURITY NO					Add	ress			
	No.					lara V. H	ansol	1		ae			
			iuse per li	ne for (a), (b), and (c).]								ETWEEN DEATH
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Ce	REBRAL	EM	BOLUS					72	-	ZYA
	527	DUE TO			- 77	- 11		A	DRICUL	SA			111111111
	Canditions, if as	ny, which) "	T04.	ERIOSCLER	217	HEROT DI	15000				1 2	3 48	PARS
	gave rise to is	mmediate (CHIOSCECI	9110	TICHE!	135.42	1	11216156	17/00	3 ,	5 10	-710
	lying couse last.	the nuder. (PHYSEMA	P		57				1	P 0.	CARS
z				CONTRIBUTING TO DE				NIAL DISEASE	CONDITION OF	VENT INT DA	-		AUTOPSY
CATION	12.0	ick significant con	omorts.	CONTRIBOTING TO DE	A111 001	I NOT KEERIED TO T	TIE TERMIN	IAME DISENSE	CONDITION GI	VEN IN FA	(1 1(0)	PERFO	ORMED?
IFIC	200 ACCIDENT WA	S LINDERLYING ET	20h DES	CRIBE HOW INJURY O	CCLIPPE	D (Enter notive of	iniusy in P	Part Lor Part	II of item 18.1			152	, NO []
CERTIFI	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	200. 023	CRIBE FIGUR INJORF O	CCORRE	.U. (Enlet holore of t	injory in r	urr ur rum	n or nem is.)				
MEDICAL	20c. TIME OF INJUR		ar 20d. I While	NJURY OCCURRED Not while		ACE OF INJURY (Ho			ar tawn)		(County)		(Stote)
ME	p. m.	19		k at wark									
	21. I certify th	at I attended the	deceas	ed fram 8-1	2	1958.	to 12	:40	1.10 19 5	Sthat I	last so	aw the	deceased
	alive an a	. 9		38, and that									
			1	s_st_, and mar	acan	, decorred di 1			reet, city or tawn,		ne du		ATE SIGNED
	ACTUAL SIGNATURE	I girlis	· 1	ames		MO WASH					(7.1	0.58
	PHYSICIAN'S PY	11, P R.	JAN	nes	69				·				
220	BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCAT	ION (City, tawn,	ar caunty)		(Sta	(e)
	REMOVAL (Specify)	9/12/5	3			Cemeter	rv		ington		C.	(5.5	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS W	ash	D.C. 2	24a. REC'C		RAR 24b. REGI		GNATU	RE	
T	he S. H. H	ines Co.	200	7 Thith St			SFP	1 1 150		1 . 0	de		

he funeral director, 2 should be filed with may be retained by the haspital ar attending physician.

Deuneral RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 showd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. may be reto

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55

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THE RESERVE OF THE PROPERTY OF	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 funeral directar, auld be filed_with

the attending physician and campletely filled in b

After this certificate has been signed by

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10295

		1	U	0	10
m.	Dist.	No			

		103	55	CERTIFIC	ATE OF D	EATH			Reg. D			40
1.	PLACE OF DEATH o. COUNTY MO	NTGOMERY		MARYLAND	o. STATE	RYLAND		l lived. If instituti b. COUNTY				ion)
	b. CITY OR TOWN (II	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16				rote limits, write F	THE STATE OF THE STATE OF	-		1)
	GERMANT			1 mo. 7 days	56 SI	LVER S	PRIN	G				
Г	d. NAME OF HOSPIT	AL (If not in hospital, q	give street	oddress)	d. STREET AL	DDRESS					e. IS RES	
		RYLANDER R	EST H	IOME	9516 S	t. And	irews	Way				FARM?
3.	NAME OF DECEASED	Fig	rst	Middle	Lost	1	. DATE	Mor	1th	De	20	Yeor
	(Type or print)	JE SS	E	IRVIN	HARR		OF DEATH	SEPT.		26		1958
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDE	R 1 YEAR		ER 24 HRS.
	MALE	WHITE	WIDOWI	DIVORCED	6/23/80			lost birthdoy) 78 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPU	ACE (State or	foreign co		12. C	TIZEN C	F WHAT	COUNTRY
		esman self			Balti	more.	Mary	land	τ	S.A		
13.	FATHER'S NAME	Comot, Co-1	G to b		14. MOTHER'S							
	TESSE	M. HARR			AN	NIE E.	WOO	D				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
114	NO (III yes, give wor or dates of s	ervice)	NONE M:	iss Edith	M. Hai	rr, 9.					. 3
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]			3	ilver Sp	ring,	INT	ERVAL BE	TWEEN
	PART I, DEAT	TH WAS CAUSED BY:	1 60	meleralka	month	1001	2			ON:	SETAND	
	422.1	DUE TO			1	1	Λ	1.			1	+
	Conditions, if or		h	erroschinge	cardio	vasce	Man	pole	21	1	000	us:
	gove rise to in couse (o), stoting t						N					
	lying couse lost.) (c										4
OI	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY RMED?
\V								1-40-30	V. A. J		YES 🔲	NO 🔲
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURI	RED. (Enter nature of	injury in Por	rt I or Port	II of item 1B.)				
CAL	20c. TIME OF INJURY	Month, Day, Ye			PLACE OF INJURY (H		20f. (City	or town)	- (County)	100	(Stole)
MEDI	p. m.	19	While of worl		octory, street, office	biog., erc.)	1					
	21. I certify the	at, I attended the	decease	ed frame 41 1	1958	ta Son	1. 7	LE 195]	that I	last se	w the	docease
	alive on Day	t. 25	. 19 4	Z_, and that deal		A .						
			10	,	10			eet city or town,		ne du	# D/	TE SIGNE
	ACTUAL SIGNATURE	mest.	1	M	us War	nas	· lin	had.			9/2	0/5:
	PHYSICIAN'S	MES P. KERI	2					H-filder-			-61	ist afragt a b
220	BURIAL, CREMATION			22c. NAME OF CEMETERY	OP CREMATORY	I o	24 1000	IONI ICibi Ani				
	REMOVAL (Specify)	9/27/58		ROCK CREEK				NGTON, D			(Stote	2)

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. TO FUNERAL D page 3 shauld TO HOSPITAL VS A15 (4) 15M 10/57

ADDRESS SILVER SPRING, MD.

240. REC'D BY REGISTRAR DATE SEP 2 9 '58

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

TANK PERSON MANUFACTURE AND MANUFACTURE William Colonia Colonia SELECTION AND ADDRESS OF white morning was present the relation will be HER THE SHOULD HER THE WAR PROPERTY AND A SHOULD SHOULD SHOULD SEE A SHOULD SHOULD SHOULD SEE A SHOULD SHOU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10280

CERTIFICATE OF DEATH

10326

10400	CERTIFICATE OF DE	7111	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MUNICIPALITY	MARYLAND 2. USUAL RESIDEN o. STATE	CE (Where deceased lived. If institution b. COUNTY)	Residence before admission)
b. CITY OR TOWN (If posside composite limits, write RURAL and/give negrest town)	NGTH OF STAY IN 16 c. CITY OR TOW	VN (It sulside corporale limits, write RUS	RAL and give nearest lowy)
d. NAME OF HOSPITAL US of in hospital, give street address OR INSTITUTION Poplar Quant	d. STREET ADDI	ESS Poplar avenu	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) A DA	TRENE HARRIE	4. DATE SMONTH S DEATH SLEET	Day Year 3
5. SEX 6. COLOR OR RACE 7. MARRIED [] TEMPOL WIDOWED []	DIVORCED B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	7/100/	e (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME T. Bumphrey	14. MOTHER'S MA	TORNAS CORNAS	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. INFORMANT MY Marin	I. yatu, 629	Gistave. S.S.M.
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o). (b), and (c).] as two that ta	ilure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) Seres	le Arteriorde	nosia	10 years
gove rise to immediate couse (o), stating the under-lying couse lost.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTR			N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of inj		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While hot work 0 or work 0	Not while foctory, street, office blo		(County) (Stole)
21. I certify that I attended the deceased from alive on 25 Aug., 1958	om Africa, 1946, t		that I last saw the deceased d on the date stated above.
ACTUAL SIGNATURE SIGNATURE	m.o. 7/12	ADDRESS (Street, city or town, sta	
PHYSICIAN'S S. B. B. QUEEN	L Takon	na Pock. Ud	195-8
220. BURIAL, CREMATION, 236 DATE THEREOF 226, SUPERIOR SPECIFY) Sept. 5, 1958	NAME OF CEMETERY OF CREMATORY	22d. LOCATION (City, town, or Washington,	county) (Stote)
23. FUNERAL PIRECTOR'S SIGNATURE X. CIVILLUZ WALLUS, 254 Car	1 - A (1) A (1)		RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral director, should be filed with M TO NOTITION A STATE OF THE PASSIVE OF THE OFFICE OF VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTEND	may be retained by the h	page 3 shared be detached
	S A1	

100	10350	CERTIFIC	ATE OF DEAT	H	g. Dist. No.
1. PLACE OF DEATH	contamery	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institutions Reb. COUNTY	esidence befare admission) Non Tadence
RURAL and give nea	autside carporate limits, write arest lawn)	c. LENGTH OF STAY IN 1b	Silver S	autside carporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give street of	godress)	d. STREET ADDRESS	Hayes and	o. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First	y Fay H	attery	4. DATE Manth OF DEATH SOF	Day Year 23 1958
SEX	W WIDOWE		25 march /	892 last birthdoy) Mai	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
during most of working	N (Give kind of wark done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	Oh	io	2. CITIZEN OF WHAT COUNTRY
Steph on	Stephons	m	SARRAH	Ita Lee	
	IN U. S. ARMED FORCES? 1 yes, give war or dates at service)	SOCIAL SECURITY NO. 17.	owell Hall	they 1041 flages	- Cever Sil Spay
PART 1. DEAT 3 3 / X Canditions, if an gave rise to im cause (a), stating the lying cause last.	he under-	Vasculis a	Progressive	elas la mesente centre de la mesente	INTERVAL BÉTWEEN ONSET AND DEATH ONSET AND DEATH
PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING. (IF EITHER, NOTIFY A		CRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Haur G. m.	MEDICAL EXAMINER) Manth, Day, Year 20d. It While.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, forctary, street, affice bldg., et	m, 120f. (City ar tawn)	(County) (State)
21. I certify the alive an	nt I attended the decease \$ 5 Say F , 19.5	(1)	, 19.5 2, ta_ accurred at 11.5°	P.M., from the causes and ADDRESS (Street, city or town, state Corp. of Ave.	
PHYSICIAN'S NAME (Type)					·
20. BURIAL, CREMATION REMOVAL (Specify) BURIAL 3. FUNERAL DIRECTOR'S	9/26/58	22c. NAME OF CEMETERY CO	CEMETERY	22d. LOCATION (City, town, or con VAN WERT "D BY REGISTRAR 24b. REGISTRAN	OH16 R'S SIGNATURE
Wealty	eneral H	auce 48/2 ga	. ave . DOET	3 '58 arthur 2	S. March

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		Parana
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ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

may be retain? If by the haspital ar attending physician.

TO FUNERAL P CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaula be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10357

CERTIFICATE OF DEATH

10328

3.0007	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY MONTGOMERY MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE MARYLAND MONTGOMERY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SILVER SPRING	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2708 FINCH STREET	d. STREET ADDRESS 2708 FINCH STREET e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (2)
3. NAME OF First Middle DECEASED (Type or print) MARY THERESA	HAWKINS 4. DATE Month Day Year OF DEATH SEPT. 3 19 58
5. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED DIVORCED	lost birthday) Months Day Mayer Min
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) HOUSEWIFE OWN HOME	PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME FREDERICK B. KAUS	14. MOTHER'S MAIDEN NAME JULIA WHALEY
	7. INFORMANT Mr. Paul E. Hawkins, 2708 Finch St.
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	ENSION, ARTERIAL 20 YRS.
ARTERIOSCLE	
OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter natúre af injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Havr a. m. 19 While Not work 20e.	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify that I attended the deceased from JANA alive on 3 SECT., 19 58, and that deceased from JANA ACTUAL SIGNATURE	oth accurred at 3 P. M., from the causes ond on the dote stoted obove ADDRESS (Street, city actions, state) M.D. 9013 FLOWER HVF 9/4/58
PHYSICIAN'S L. B. SNOW	SILVER SPRING, MD
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 9/5/58 ARLINGTON N	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State) VAT'L. CEMETERY ARLINGTON, VIRGINIA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WOULDER S. Tumphrey, SILVER SPRI	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

			MARY RAM	
19 AND 1945			12041	
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	T. S.E.			
	Townson Control			
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10329

1250	CERTIFICATE OF DEAT
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	D1. A	No	
ROG.	LPIST.	DIO.	

	10250	CERTIFICA	ALE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE District of Co.	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	
	Bethesda	22 days	Washington	47x-3
)	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION The Clinical Center, Bet.		d STREET ADDRESS 4001 8th Stree	t. S.E. YES NO K
	3. NAME OF First	Middle	Lost 4. DATE	Month Day Year
	(Type or print) Gerald	Jameson	Hayden DEATH	September 14 1958
	5. SEX 6. COLOR OF RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AC	GE fin years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWE		27 December 1942 1	5 yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1		None	Maryland	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	Leo Hayden		Mary V. Jameson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT The Medical Re	
		None Th	e Clinical Center, Be	thesda 14, Maryland
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 197, 1 Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c)	ulmonar idexpres Rhabde	ad pulmonary myosarcoma, l	metastares 2 nuos Et chesticale 9 mos
	PART II. OTHER SIGNIFICANT CONDITIONS C		D. (Enter noture of injury in Port 1 or Port 11 of	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES E NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	A Hour o. m. While	NJURY OCCURRED 20e. PL Nat while fo	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)	wn) (Caunty) (State)
	21. I certify that I attended the decease alive an September 11	58, and that death	Accoursed at 10:25PM, from the ADDRESS (Street, of M.D. The Clinical Cen National Institu	ter 9/15/58
	220. BURIAL, CREMATION, BOMOVAL (Specify) 9-17-58	22c. NAME OF CEMETERY C		(City, town, or county) (State)
	20. W. Chamberto. Ive	517-11 5	24a. REC'D BY REGISTRAR DAREP 1 7 '58	24b. REGISTRAR'S SIGNATURE Orthur S. Krous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relayed by the hospital ar attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

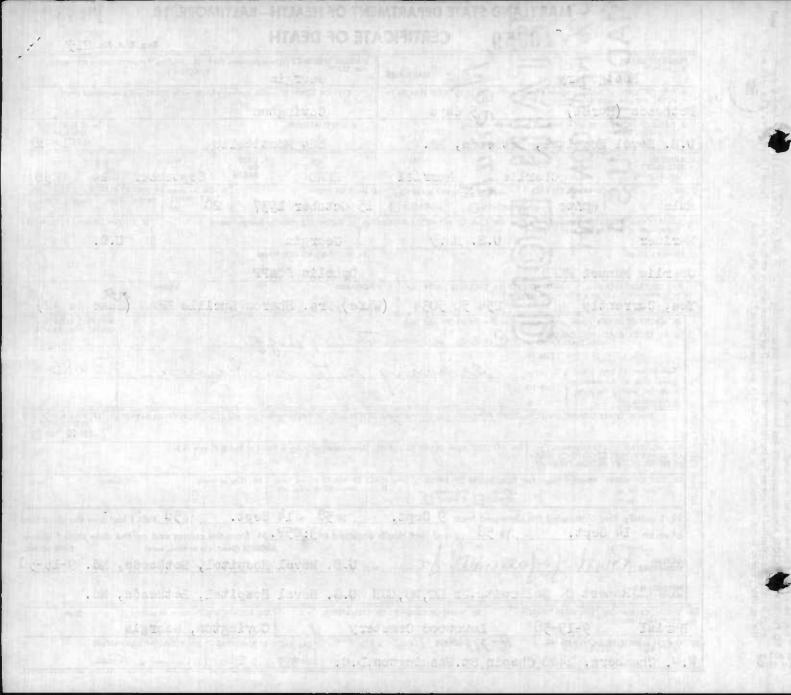
VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		al-director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	M
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e death ceri		offending p	n please ren	within 72-h
ires that the		ned by the	ermit. Ther	the registrar priar to burial, crematian, or remaval, and in any event within 72-hours after death.
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YSICIAN: T	r offending	certificate !	e as the bur	otion, or ren
NOING PH	e hospital a	t: After this	sched for us	vriol, cremo
L OR ATTE	cond by th	RECTOR	ould be deto	or prior to b
O HOSPITA	may be rel	O FUNERA	poge 3 she	the registro

		MARYLAN	ID STATE DEPART	MENT OF HEAL	LTH-BALTI	MORE, 18	8	103	30
		1035	9 CERTIFIC	CATE OF DEA	TH		Reg. Dist. No	. 215	
	1. PLACE OF DEATH . o. COUNTY Montgome	27/37	MARYLANI	2. USUAL RESIDENCE o. STATE		ved. If institution b. COUNTY	n: Residence bef	ore admiss	ion)
	b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, wri	te c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporot	e limits, write RU	RAL ond give no	earest fown)
	Bethesda (Rura:	1)	5 days		ngton		4	9X	- 3
1	d. NAME OF HOSPITAL (If no OR INSTITUTION U.S. Naval Hosp		hesda, Md.	d. STREET ADDRES	s <u>Monticell</u>	0			FARM?
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	D	oy `	reor
	(Type or print)	Charlie	22722	HEAD	DEATH	Septen			19 58
	367000000000000000000000000000000000000		ARRIED A NEVER MARRIED DIVORCED			4 . 4 . 4 . 4	Months Days	Hours	Min.
	10a. USUAL OCCUPATION (Give during most of working life,	kind of work done			701	·	12. CITIZEN	OF WHAT	COUNTRY
	Mariner		U.S. Navy	Georgi	a		U.S		
1	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	Charlie Manuel			Ophelia	STAPP				
/		wor or dates of service)		(TTERS)	Ob To-	Addre	25.56	Α	//01
1	Yes, Currently		254 50 5034	(Wife) Mrs.	Snaron Lu	CILLE HE		e As	
	18. CAUSE OF DEATH [En		Carcinom	itosis es	liffus	0		TERVAL BE	
	199,2	DUE TO	0.	+	O O	and a		3 WK	2
	Conditions, if ony, whi gove rise to immedia	ote (grimar	of sile	unk	howr	-	JWN	
	lying couse lost.	(c)				*			
)	PART II. OTHER SIGN	NIFICANT CONDITION	NS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	PERFO	RMED? "
9	20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	RLYING 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	y in Port I or Port II	of item 18.) ¿			
	20c. TIME OF INJURY Mon	w w	d. INJURY OCCURRED 20e. hile Not while work 0t work	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City or , etc.)	town)	(County)	(Stote)
	21. I certify that I a		eased from 9 Sept.	, 19 <u>58</u> , to	14 Sept.	1958	,that I last s	aw the	decease
	alive on 14 Sep	t. , 19	9 58 and that dec	oth accurred at 3:0				ate state	d abave
1	ACTUAL SIGNATURE Who T	9.9al	mailte	M.D. U.S. Nav		al, Beth			-15-5
	PHYSICIAN'S Robert	G. Galbra	ith, Jr.LT, MC, U	SN U.S. Nav	al Hospit	al, Beth	nesda, N	id.	
	220. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETER	OR CREMATORY	22d. LOCATIO	N (City, Iown, or	county)	(Stote	e)
		-19-58	Lawnwood Cen	Will warm of the		ton, Geo			
	VV VV CANCE	gluera A	-39 ADDRESS 14 00	/	REC'D BY REGISTRA		RAR'S SIGNATU		
	W.W. Chambers,	1400 Chap	in St. Washingt	on, D.C. DATS	SEP 1 6 '58	Com	on S. Krau	A	



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5	10	10.00	-
TO HOSPITS, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	15	(4) 55	

	10	360	CERTII	FICA	TE OF DEATH	1	Re	eg. Dist. No		7 116
1. PLACE OF DEATH	Wontgomer	V V	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		l. If institutions b. COUNTY		re odmissi	
	If outside carporate limiteorest town)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF or					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o				d. STREET ADDRESS	Prospec	t Stre	et.		DENCE FARM?
3. NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE OF DEATH	Month	Do	y Y	'ear
(Type or print)	EVÉ		A.	1	HEARN		Sept	. 10		9 58
s. sex Female	White	7. MARRIE	DIVORCED		6/20/1880	9. AC		onths Poys	Haurs	Min.
Og. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	IND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE (State	ar fareign country		12. CITIZEN C	F WHAT	COUNT
during most of wor	rking life, even if refired				Virgin			US		
Housewi 3. FATHER'S NAME	16)wn Home		14. MOTHER'S MAIDEN N			00		
	• 77 4				Mana	Dasthan	fond			
	ie H Asqu Er In u. S. ARMED FOR		OCIAL SECURITY NO	17 18	Mary	Ruther	Address			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)				, 1				110
No			lone	LWI	lfred Hearr	ı-husba	nd-sam			
	ATH [Enter only one co	use per line	far (a), (b), and (c).]					INT ONS	ERVAL BET	DEATH
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1. Cer	regent	-er	norrhag	C.			6 41	RC
331	DUE TO									
Canditians, if		Cer.	ebral A	Rte	RIUSCLE ROS	11			5 4	N
gave rise to cause (a), stating lying cause last.	the under-								9	ψŧ.
	, ,	DITIONS CO	INTERNITING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	INI PART I/o) I	9 WAS A	LITOPSY
	THER STORT TEATH COIN	DITIO143 <u>CC</u>	NAIKIBOTING TO DEA		NOT KEENTED TO THE TERMIN	NAC DISEASE CON	IDITION GIVEN	IN FAKT I(Q)	PERFO	RMED?
D ASSIDENT		001 05000					1. 10.1		YES [NO 🕟
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESCI	URE HOW INJURY OF	CUKKEL	. (Enter nature of injury in P	art t ar Part It of	item 18.)			
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While	Nat while of work	20e. PLA foc	CE OF INJURY (Home, farm, lory, street, affice bldg., etc.	20f. (City or to	wn)	(Caunty)		(Stote
21. I certify t	hat I attended the	decease	d from		, 1949, to T-	-10	1938 #	nat Llast so	w the	deceas
alive on 9	-9	10 \	r.		accurred at 2.30 A					
dire dil			z-i-, and man	acam		ADDRESS (Street, o				TE SIGN
ACTUAL SIGNATURE	Undrew	9	nemdon		A.D. 1150 CONA	- Ave No	U Wash	6 A	ر د	7/10
PHYSICIAN'S NAME (Type)	ndrew G.	Preir	ndoni		.1150 Con	a. Ave.	N. W.	Wash	6.	D.
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OF	CREMATORY	22d. LOCATION	City, tawn, or co	ounty)	(State)
Rurial	9/12/5	8	Edgehill	Ce	metery	Charle	stown.	Virg-	inia	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			BY REGISTRAR	24b. REGISTRA			
Robert A	. Pumphre	v Be	ethesda.	Mar	vland DATE S	FP 1 5 '58	art	hun S. th	aus	

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Jesidence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give apprest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Yeor 195 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours YES. 12. CITIZEN OF WHAT COUNTRY?

Address

INTERVAL BETWEEN

.00

PERFORMED? YES NO

(County)

195 F, that I last saw the deceased and that death accurred at 915 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

(Stote)

245 REGISTRAR'S SIGNATURE

arthur S. Kraus

ONSET AND DEATH

Ker.

(Stote)

12

15M 10/57

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		<u> </u>						Reg. Dis	t. No. ZI	.)
	ntgomery		MARYLA		USUAL RESIDENCE (WI	f Col	ed lived. If institution	an: Residenc	e befare adr	mission)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits,	write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If	outside carp	orate limits, write R	URAL and g	ive nearest l	own)
Bethesda (F	Rural)	201	26 days		Washington			47	x = 3	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, given L. Hospital.				d. STREET ADDRESS 1363 Eucli	3 C+w	oot NW		10	RESIDENCE N A FARM?
. NAME OF		De	hesda, Md.						YES	□ NO ∑
DECEASED (Type or print)	Waymond Waymond		Everett	H	OLLAND	4. DATE OF DEATH	Septe:		26	Year 19 58
. SEX	6. COLOR OR RACE	MARR	IED NEVER MARRIED	□ 8. C	ATE OF BIRTH	1.00	9. AGE (In years last birthday)			NDER 24 HRS.
Male		VIDOWE	_	_	11-5-97		60 yrs.	Months	Days Hau	ers Min.
0a. USUAL OCCUPATION during most of working Clerk	I (Give kind of work do g life, even if retired)		S.Gov t.	NDUSTRY	11. BIRTHPLACE (Stole Virgini		country)		ZEN OF WH	AT COUNTR
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
William HOI	LLAND				Dora M. S	TORLT	Z			
Yes	yes, give was or dates of serv	5	77-09-9036	17. INFO	MANT Gertrude H	ollan				D.C.
PART I. DEATH	WAS CAUSED 8Y: MMEDIATE CAUSE (a)_ DUE TO , which) (b)	Puln	e for (o). (b). and (c).] nonary Edema nchogenic ca		oma					
gave rise to imm cause (a), stating the lying cause lost. Part II. OTHER	e under- DUE TO (c)_	TIONS C	ONTRIBUTING TO DEATH	I BUT NO	I BELATED TO THE TERM	NIAL DISEAS	F CONDITION ON			
				200				EN IN PAKI	PER	FORMED?
	UNDERLYING 20 CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of injury in I	Part I ar Par	t II of item 18.)			
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year	20d. IN While at work	_ Nat while_	factory	OF INJURY (Home, farm, street, affice bldg., etc.	.)			ounty)	(Stale)
alive an Sept	erome	, 12 5 G.	od from Sept. 18, ond that de Social T, MC, USN	1 eath ac M.D.	U. S. Nava	AM, fran ADDRESS (S Bl HOS	n the causes a treet, city or town, spital, N	nd an the	e date sta	ne decease ated abov DATE SIGNE 27-58
20. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	22b. DATE THEREOF 10-3-58		22c. NAME OF CEMETER Arlington				TION (City, town, a		rgini	fale)
W. E Jarvis	111111111111	tree	MNADDRESS t, N. W., Wash	ingt		BY REGIST		TRAR'S SIGN		

		DEPOSIT	TO THE REAL PROPERTY.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10281 **CERTIFICATE OF DEATH** 10335 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgo	mery		MARYLA	- 11	usual residence o. STATE Marylar	(Where deceas	ed lived. If instituti b. COUNTY	oni Residence	before admi	ission)
	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN	(If outside corp	orote limits, write f	URAL and giv	e nearest to	vn)
RURAL ond give n			67 days		College	e Park		1614	.20	V
d. NAME OF HOSPI	TAL (If not in hospital, a	ive street			d. STREET ADDRES	s			e. IS RI	ESIDENCE A FARM?
OR INSTITUTION Washington	Sanitarium	& H	ospital		16 Cana	ary Roa	d		YES [NO T
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Moi	ith	Day	Year
(Type or print)	L.		A.		Horton	DEATI	9	-	17 -	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lay birthday)		YEAR IF UNI	-
Male	White	WIDOW	ED DIVORCED		6-4-193		60 угз.	Months D	ays Hour	s Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY?
Instrument	rking life, even if retired				N. Y.				U.S.A.	
13. FATHER'S NAME	Hanel				14. MOTHER'S MAID	EN NAME		-	,,,,,,	
George H	orton				Martha	Duvall				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT		Add	ress	- 7, -	-
(Yes, no or unknown) No	(If yes, give war or dates of s	ervicet		Was	hington Sa	anitari	um & Hosp	ital	Record	ls
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	0	110	0 00	7	,	INTERVAL I	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, ///	lassive	Je.	It Cero	rella	or pfin	mahas	3-4	Howers
297x	DUE TO		2 14 0	100	0 0	. 1	- 10	0		. /
Conditions, if	any, which)	, I	ift of	26-	Lural	: lote	masul.	8-22	3-4	- drover
gove rise to	immediate (1		-	10	1 -6	0	- 1.	
couse (o), stoting lying couse lost.	the under-	, ll	Glanulo	cy	brace. F.	Throng	pecula,	gen - or	2/5) della
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TI	ERMINAL DISEA	SE CONDITION GI	EN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
3 Lest	Hemath	lor-a	X, Julian	ule	Booleniel	Endo	cardita?	most la	YES	
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBÉ HOW INJURY OC	CURRED.	(Enter nature of injury	y in Part 1 or Pa	art If of item 18.4	11		
Hour o. m.	RY Month, Day, Yes	While	Not while		E OF INJURY (Home, ry, street, office bldg.		ty or town)	(Co	unty)	(Stote)
		of wor	41.0	, i	200	51. 34	100	730,		
21. I certify t	hat I attended the	deceas	and the second s	8 10-12	19.24, to		17, 1953			
alive on	9-11 · 16	, 12.5	20_{-} , and that a	leath c	ccurred at 6:3					
ACTUAL SIGNATURE	Pussell	13.0	amold	M.	8801	Cole	Street, city or town,	Roo	Q-,	DATE SIGNED
PHYSICIAN'S NAME (Type)	ussell 1	B. /	Arnold	MS	Silve	4.5	gun-of	ma	vizto.	nd
220. BURIAL, CREMATION SEMOVAL SPECIFY		-1958	RATURAL!	ERY OR	remators ack	22000	ATION (City, Fram.	or county)	Jugi	ole)
23 FUNERAL DIRECTOR	2 4 Weters	,254	Canal D	<i>i</i> m	VAIC 0ATE	REC'D BY REGI		STRAR'S SIGN		

may be retain VS A15 (4) 15M 9/55

110 8- -3 . . . and a comment

10364 **CERTIFICATE OF DEATH** directa 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND District of Columbia death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 2963 Tilden Street, N.W. haurs Suburban Hospital 2 5 NAME OF First Middle 4. DATE Month filled nes 1 DECEASED OF DEATH within 24 William R (Type or print) Houchen September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Male White WIDOWED [DIVORCED T September 8. popers. 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) during most of working life, even if retired) puo pou ō 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Rose Houchen, 2963 Tilden St. N. W. CAUSE OF DEATH [Enter only one cause per line for (4), (b), and (c).] PART f. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED use Haur a. m. foctory, street, office bldg., etc.) While Not while at wark of work 19 3 6 21. I certify that I attended the deceased from and that death occurred at 11.05 PM, from the causes and an the date stated above. oche by the ADDRESS (Street, city ac. Jawn, state) 0 0 15M 9/S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10336

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

that I last saw the deceased

Months

YES NO

Year

1	PHYSICIAN'S Wm. Fleet Luc	kett		Ord na 9-
	220-BURLAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Crema		City, town, or county) (Sto
20	23. FUNERAL DIRECTOR'S SIGNATURE	901-14 95T. N.W. D.C.	BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10366 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. 11 institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside copporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest toy's 0 d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5 NAME OF First 4. DATE Middle filled DECEASED OF DEATH (Type or print) 0551 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED B. DATE OF DIVORCED [WIDOWED [papers. TOO. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Sole or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 420.0 DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) lactory, street, office bldg., etc.) Hour o. m. While Not while at work of work 21. I certify that I ottended the deceased from A. M. from the couses and on the date stated above. alive on deoth occurred ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

. IS RESIDENCE

Month

Address

22d. LOCATION (City, tawn, or county)

Va.

24b. REGISTRAR'S SIGNATURE

Lexington.

240. REC'D BY REGISTRAR

Months

ON A FARM? YES NO IX

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19 3

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET_AND DEATH

> PERFORMED? YES NO I

> > (State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

that I last saw the deceased

(Stote)

FUNERAL page 0 15M 9/55

VS A15 (4)

Burial (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician. TO FUNERAL COMPLETE this certificate has been signed by the attending physician and completely filled in the funeral director.
page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and misuld be filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

e executed within 24 hours after death. Page 4	within	24	hours	Offer	death.	Poge	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10367

CERTIFICATE OF DEATH

			NOS. 5/31, 110,
	1. [PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	_	Mant comera	many and many mery
		b. CITY OR TOWN In outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	Betheoda Balays	X Barnsvile
11		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4	-	Suburban Hospital	51. Mary Roctory YES NO
		NAME OF DECEASED (Type or print) First Middle DeceaseD (Type or print)	H-yland, DATE Menth Day Year OF DEATH SLOPE, 7 1958
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		MIDOWED DIVORCED	May 30 1888 Post birthday) Months Days Haurs Min.
	10a	s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	/	Ushier Md Rociny ASS	on mareland
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		madi III Huland	Pothownia Revosal
-	75.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	(Yes	s. no. or unknown) (If yes, give war or dates of service)	marking Holand Barnelle Ja J
	1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
-		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (o)	mean karline Zwells
		4 20.0 DUE TO	- 1 - 1
		Conditions, if ony, which	ender heart disease I might
		gove rise to immediate couse (a), stating the under DUE TO	
		lying couse lost. (c) Suraluy	neumona 2 min
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	3	491×	PERFORMED? YES NO NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	AL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
	MEDIC		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) ctory, street, office bldg., etc.)
		21. I certify that I attended the deceased from July	1, 1958 to Apr 7, 1958, that I last saw the deceased
		alive on 1: 17 19 58, and that death	0 -4 10
		dire on the death	ADDRESS (Street, city or town, stote) DATE SIGNED
		ACTUAL SIGNATURE SOME FOUNCEL	7 100 5
-		SIGNATURE TO COMPANY	M.D. DATUSONVILLE
/		PHYSICIAN'S JOHN G. FAWCETT	- Po. BoyD, Md
	220	BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	6	Swind 8/10/58 Fate & Have	Paller Selm Spin M.O.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	1).00, 5 BULDON BONNON	De Me D DATE SEP 11 '58 arthur S. Krous
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be relaized by the hospital or attending physicion.	FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the	page 3 shawe be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show	the registrar prior to buriof, cremotion, or removal, and in any event within 72 hours after death.
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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	PLACE OF DEATH o. COUNTY	ontgomery	omery Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Montgomery					,			
		(If outside corporate limit	s, write	c. LENGTH OF STAY IN	16			porote limits, write F	URAL ond give ne	earest fown)	
	Wheato					X Whea					
	OR INSTITUTION		7.	t oddress)		d. STREET ADDRES	s Landol	ph Road			DENCE FARM? NO 13
-	NAME OF	andolph Ro		44: 446				*	4 .		
	DECEASED (Type or print)	CHARL.		Middle		JONES	4. DATE OF DEAT		2."		9 58
5.	SEX	W 5.5.5.5.1.10d	AND REAL PROPERTY.	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In veors	IF UNDER 1 YEA		
	Male	White	WIDOW			Aug. 21,	1871	lost birthdoy) 87 yrs.	Months Days	Hours	Min.
00	. USUAL OCCUPAT	ION (Give kind of work of	lone 10b	. KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZEN	OF WHAT	COUNTR
		rking life, even if retired) ntendent	4. 6	Cemetery		Marvl	and		USA		
3.	FATHER'S NAME	ncendenc		00110002		14. MOTHER'S MAID					
	Charl	es W. Jone	3.0			Mary	E Tr	unnell			
	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. 4	NFORMANT	ded de de		ress		
{Ye	rs, no. or unknown)	(if yes, give war ar dates of se	rvice1		0	erroll V J	onos	son-same	as 2d		
CATION	Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Rei	tro Reval of lateral St.	All BUT	locers- lale Rend NOT RELATED TO THE TO	Pyck Lol ERMINAL DISE	Pone pleri auli	tis o	Jules Jers Jules Jes Jules Jes Jules Jes Jules Jes Jules Jes Jules Jes Jules J	elis ear autopsy rmed?
CERTIFI		/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		SCRIBE HOW INJURY OCC						11.5	NO L
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	While			ACE OF INJURY (Home, ctory, street, office bldg.,		City or town)	(County)	(Stote
	21. I certify alive an	that vattended the	deced	127	leath	accurred of 155 M. D. Suffu		/		ate state	
22.	PHYSICIAN'S NAME (Type)	William S		phy				Ave. Ro		e, Mo	La
220	REMOVAL (Specification)	on, $22b$. Date thereo	3	Rockvill	Le	Cemetery		ockveill	or county) . Mary]	(Slote Land)
	FUNERAL DIRECTO		7	ADDRESS Bethesda,	Ma	aryland DATE	SEC. DE BEG	STRAR 24b. REGI	STRAR'S SIGNATU		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10343

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V	1. PLACE OF DEATH		

1283

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE b. COUNTY And
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park DOA.	TAKoma Park 17
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
Washington Sanitatium & Hospital	17/1 Greenwood HUL, YES NOX
3. NAME OF DECEASED (Type or print) Amelia Anna Kid	d Last 4. DATE Month Day Year OF DEATH Sept. 28 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female wh WIDOWED DIVORCED	1-14-90 68 yrs. months bays months
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Kitchen helper- Hospital	Ohio U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Hood.	Emma Hunt Hood
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no of unknown) 1 (If yes. give wor or dates of service)	INFORMANT Address
No	Hospital Records.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) C.	afficiency few Minates
1420.0 DUE TO OTE	Known Known
Conditions, if ony, which gove rise to immediate (b) Conditions (less the	i Albert tracese 1 year
cause (a), stating the under DUE TO arlere lesses	is generalized Unknown
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT REFATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AT I	YES NO I
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Home, form, octary, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
21. I certify that Lattended the deceased from October	- , 1957, to Apterber 19, 1958, that I last saw the deceased
alive on Festing 28, 1958, and that death	h occurred at 7.40P M, from the causes and an the date stated above.
11-1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Claron H. Maism	MO. 8237 George are Silve forme all Sept 29 53
PHYSICIAN'S A - 2 1/ T	17 0
NAME (Type) AARON H. TRAUM	
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. 3. 1958 LINWOOD	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE XXX 254 DORESS SILLST	VW D.C 1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	DATE OCT 1 '58 Constant & Through

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retolosed by the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shault be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

be funeral director, should be filed with

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10370

CERTIFICATE OF DEATH

10344 Reg. Dist. No.

1. PLACE OF DEATH		FRUINCE IN	2. USUAL RESIDENCE (W			n: Residence befo	ore admiss	ion
o. COUNTY MOI	ntgomery	MARYLAND	o. STATE VIRGINIA b. COUNTY					
	f autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carporate li	mits, write RL	JRAL ond give ne	arest lown)
RURAL ond give no Bethesda (Ri		20 Days	Quant	tico		83x-	3	V
d. NAME OF HOSPIT	'AL (If not in hospital, give street		d. STREET ADDRESS				e. IS RES	IDENCE
OR INSTITUTION	Hospital, Beth	ecda Md	312	3rd Ave.				FARM?
3. NAME OF	First	Middle	lost	4. DATE				
DECEASED				OF DEATH	Mont		o'	Yeor
(Type or print)	William	Russell	KINSMAN		Sept			19 58
5. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	los	t birthdoy)	Months Doys	Hours	Min.
Male	White WIDOW	ED DIVORCED	27 February	1895	63 yrs.	- Doys	110015	Willi.
10a. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stoke	e or foreign country		12. CITIZEN	TAHW 1C	COUNTRY?
Mariner		S. Marine Corps	Michig	gan		U.8	5.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
William Her	nry KINSMAN		Greta ISAC	SON				
		SOCIAL SECURITY NO. 17.	INFORMANT		Addre	PSS		
(Yes, no, or unknown)	(If yes, give war or dates of service)		Wife) Mrs. A	mie Harne			ne Ac	#2)
			MITTE) MITTE . WI	mic marpe	r man	TELL (DOI	DC 210	11-1
	ATH [Enter only one couse per li	ine for (o), (b), and (c).]		1,		INI	TERVAL BE	TWEEN
0.0 00	TH WAS CAUSED BY: 1/h	IROM BOSIS	CEREBRA.	LVESSE	25. N	VITINE	2	WEEK
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Conditions, if o	ny, which) a. A	RIERINGCI	EROSIS OF	= CERE	epa:	VESSERS	?	YEAR
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couse (o), stoting lying couse lost.	the under-							
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	Albiai Disease con	IDITION CIVI	TALIAL BARY W.	20 14/45	ALLTORCY
E /	La sold Today	CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TEKN	MINAL DISEASE COR	IDITION GIVI	IN IN PAKI I(O)	PERFO	RMED?
3	+ YPERTENSI	ON, DEVER	E, ESSEI	VTIAL			YES T	но 🗆
U (IF EITHER, NOTIFY	AS UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. {Enter nature of injury in	Port I or Part II of	item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Year 20d. I		ACE OF INJURY (Home, for		wn)	(County)	(Stote)
Hour o. m.	19 While	IAOL MINIS	clary, street, office bldg., et	c.)				
	or you	rk ot work	. =0 0		=0			
	at I attended the deceas	sed from 19 Augus	it , 19 50, to 0	Sept.	., 19_20	that I last s	aw the	deceased
alive on 8 S	ept. 19	50, and that death	accurred at 7:45	A.M. fram the	causes a	nd an the do	ate state	ed above.
	10000	12/2		ADDRESS (Street, o				TE SIGNED
ACTUAL SIGNATURE	Jala.	ell.	M.D. U.S. Nava	1 Hospita	1. NNM	C. Beth	esda,	Md.
			M.07					
PHYSICIAN'S F . S	. CALDWELL, LT	,MC,USN	U.S. Nava	l Hospita	1, Bet	hesda,	Md. 9	-8-58
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, town, o	r county)	(Stote	e)
BUT LA L	9-11-58	Arlington Na	t'l Cemetery	Arling	ton, V	irgiaia		
23. FUNERAL DIRECTOR		TAPORESS 9	1 0.0	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	JRE	
Hall Funer	al Home, Occord	lan. Virginia	BATEP		0	0 1-		
The Party of Action in	- Louis y or ode	, , , , ,	Lower	1 0 '58	arthun	X Track		

TORTH ACERTIFICATE OF HEALTH BALTIMORE 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

48 hRS

YEAR

PERFORMED? YES TO NO

(State)

DATE SIGNED

(State)

Day

U.S.

(County)

YES NO X

Year

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delay is secessary, please	e funery litector. Page	retained your files.	e State Board of Hebith.	r bleoth.) 74

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any execute the prificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the 4 shauld be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL 2/RECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with The or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hydrs after

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		181379								Reg.	Dist. No		
	PLACE OF DEATH	100019			2	. USUAL RESIDI	ENCE (W	here decea	ed lived. If institu	ution: Resi	dence bef	ore adm	ission)
Montgomery MARYLAND						o. STATE Maryland b. COUNTY Montgomery							
-		outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN T	ь				porole limits, write				
	Bethesda			1 hour		K Wheat	an Wo	ods.	Rockville	е			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						d. STREET ADI							ESIDENCE
	Suburban	Hospital			1	13004	Park	and D	rive				A FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Losi		4. DATE	Mont	h	Day	Y	601
	(Type or print)	Fr	ed	Edward		Kotz		DEATH	Sep	Sept.		4 195	
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DA	TE OF BIRTH			9. AGE In years	-			ER 24 HRS.
	Male	White	WIDOW	VED DIVORCED	J.	uly 1.	1906		52 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10h	TAXI CAD	USTRY	11. BIRTHPLAC	E (Stole	ar foreign o	ountry)	12. CI	TIZEN O	WHAT	COUNTRY?
	Cab Drive		On	wner-Operator		West	Vir	ginia			Amer	ica	
13.	FATHER'S NAME				14	. MOTHER'S MA							
	James Edw	ard Kotz				Eliz	abet	h Mil	ev.				
		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 17	. INFO	RMANT				3004	Park	land	Drive
	No			Unknown	Mr	s. Regi	na K	otz		eato			
	18. CAUSE OF DEAT	H [Enter only one cou	se per lin	ne for (o), (b), and (c).]		t					INTER	WIRE LAY	EEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion												
	1/20 DUE TO												
	Conditions, if or	Contains the same and V											
17	gove rise to immed	gove rise to immediate couse											
	(c), stoting the underlying cause lost.												
7				CONTRIBUTING TO DEATH BU	JT NOT	RELATED TO TH	IE TERMII	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
Ę												PERFORMED?	
FIC	20g. EXTERNAL CAU	SE WAS 20	b. DESCR	IBE HOW INJURY OCCURRED). (Enter	noture of injur	v in Part	Lor Part II	of item 18.1		J'		110 03
CERTIFICATION	PRIMARY OF CON	ITRIBUTING [, (=		,						
	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d	I. INJURY OCCURRED 20e. I	PLACE (OF INJURY (Hor	me, form,	20f. (City	or town)	1C	ounty)		(State)
MEDICAL	Hour o. m.	19		nile _ Not while _ !	lactory,	street, office bl	dg., etc.)						
Z	p. m.			e remains described a	have	hold on A				1	- TES		4 .
							_ ' '		nspection 🔀		iry A		d in my
	opinion death resulted from: Natural causes [X], Accident [], Suicide [], Hamicide [], Undetermined manner []												
	ACTUAL 2	ACTUAL 2 A A CHIEF MEDICAL EVANIMED TO DATE SIGNED								IGNED			
SIGNATURE JACULA J. 13 Northart M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []													
3	EXAMINER'S	- N 118 -	r R	Classen. L		DEPUTY MI				9-4	x -:	ST	
224	NAME (Type)	N. 122b. DATE THEREO		122c. NAME OF CEMETERY	OR CRE		I		TION (City, town,			(Stot	-1
1	Burial	9-8-58		Wardensy				IIV. LOCA	West Vi			(210)	e)
23.	ONERAL DIRECTOR			ADDRESS			lo. REC'D	BY REGIST				RE	
	Trus a	les Son		(Marly)	. (. 0	ATE S	EP 8	750	7 +1			

海岸市的国际代表及2000年前,

		-	maryland State DEPARTMENT OF HEALTH—BALTIMORE, 18	
			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	() A 14
FOR STAT	TE		Reg. Dist. No.	347
HEALTH DE	EPI.		II A. USVAL RESIDENCE (VYNere deceased lived. It institution: Kesidesta policie	odmission)
895,06		C	Maryland o. STATE Maryland b. COUNTY M. FIST	Montg.
P	100	Ь	CITY OR TOWN of outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN II outside corporate limits, write RURAL and give heart	est lown
5 1			and give redress rown)	
NE STATE OF THE PROPERTY OF TH			NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) d. STREET ADDRESS e.	IC DECIDENCE
9 0 0	99	1	lack-with Santa and Haral III and San American	ON A FARM?
	- '	V		ES NO
S di la		3, 1	NAME OF DECEASED First Middle Lost 1 4. DATE Month Doy	Yeor
e e e		(Type or print) VINCENT James Lanzas DEATH 9- 18	1958
o de fo		5. S		UNDER 24 HRS.
M E 3 S			Months Days H.	ours Min.
वि ५० व		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W	ANT CONNITONS
1 6 6		d	uring most of working life, even if retired)	THAT COUNTRY
7		20	NONE Md Numer	cu
M3 Se		13.	FATHER'S NAME	
P P P			Vincent James wanza Ir. Vetricia murphy	
File		15. [Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA SECURITY NO. 17. INFORMANT	
£ 2. 6	9.5		no - Hospital Kecords - 7600 carroll Au	e TaxP
18 y m. m.			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	BETWEEN
on on one			PART I. DEATH WAS CAUSED BY: Interstitial programme	ND DEATH
g a a g	4.3		IMMEDIALE CAUSE (0)	
Frich Tro			5 d 5 A DUE TO	
3 % O S & (Conditions, if ony, which by gove rise to immediate cause	
0 0 0 0			(o), stating the underlying DUETO	
on, on,			cause lost. (c)	
d de	0	Ž Q	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY ERFORMED?
at at	de	3	YES YES	
: 10 d		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
Tig W		CER	CAUSE OF DEATH.	
hou		ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County)	(Stote)
40%5		EDI	Hour o, m. While Not while factory, street, office bidg., etc.)	. (3.0.0)
the the		2	N. III. S. A.	
Da			21. 1 certify that I took charge of the remains described above, held an Autopsy (), Inspection (), Inquiry (),	ond in my
o ded	31		opinion death resulted from: Natural couses . Accident . Suicide ., Hamicide ., Undetermined monner	
15 P D B	4 6		A 10 B	
or tiff	- ~		SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER [ATE SIGNEO
a Bud	de		ASSISTANT MEDICAL EXAMINER	
desid			NAME (Type) - ANK J. BLOSEL 24 DEPUTY MEDICAL EXAMINER & 9-18-5	8
L S Cut		220.	BURIAL CREMATION, 224 DATE THEREOF 225 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county)	(State)
9 4 0 9	200		REMOVAL (Specific Stepl 37 1958) Orlington National Cometing Continuation Upagi	111 4
7	- 13	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. FEC'D BY REGISTRAM 240. REGISTRAR'S SIGNATURE	was
S. AISME	148	0	Children Willer 254 Cappull M NU. DC 15EP 2 2 '580 Only 8. Knows	
5M 2/57		1	DATE DATE	
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10285	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.348
1	PLACE OF DEATH o. COUNTY No nt go mery b. CITY ONTOWN (If outside corporate limits, write	MARYLAND	må	b. COUNTY	ntannerey
-	TAKONA PARK	c. LENGTH OF STAY IN 16	TAKOMA P	eutside carporate limits, write l	
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION SANGER SANGER	tosp,	7.10 LUA	bash Aue	IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Tennie	Middle	Lost -AWRENCE	4. DATE OF DEATH 9	1958
5	SEP 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12-13-7	9. AGE (in years lost birthdoy) 86 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	o. USUAL OCCUPATION (Give kind of work dane) 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (SIGNA	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
L	Scott Woody	102	14. MOTHER'S MAIDEN N	Lacy Man	vilen
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 es, no. of unknown) (If yes, give wor or dates of service)	None C	INFORMANT	Record Add	iresi
	PART I. DEATH (Enter only one cause per limited by the cause of the cause of the cause (a). 33/ DUE TO Canditions, if any, which)	Cerebial	Hemorrh	age.	INTERVAL BETWEEN ONSET AND DEATH HE WAS
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	219/			
	PART II. OTHER SIGNIFICANT CONDITIONS	Wellitus	T NOT RELATED TO THE TERMI	nal disease condition Gi	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ŚCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in t	Port I or Part II of item 18.)	
0.00	20c. TIME OF INJURY Month, Doy, Year 20d. Haur o. m. 19 While p. m. 19		LACE OF INJURY IHame, farm actory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the decea alive an Sept 26, 19	and part			,that I last saw the deceased and an the date stated above. state) DATE SIGNED
1	SIGNATURE ROBERT AS	Hare	M.D. Jakou	atark	9/26/58
2	PHYSICIAN'S ROBEYT	12. NAME OF CEMETERY	OR COEMATORY CO	22d_IOCATION_(Gity/ town	of country (shall)
	RO BURIAL, CREMATION, 27b. DATE THEREOF, SEMOVAL (Specify)	1 . 1	HINETON EM.	Rigas Man H	yetterall 250 60 M
1	194 W 25	+ Garroll T. No	W. O.C. DATE SI	D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR	riber S. Flours

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and the second second second			
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CERTIFICATE OF DEATH

10349

3.00.0	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY Mantagmen
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stree) address) OR INSTITUTION Brooke Grove foundation	d. STREET ADDRESS 1003 1 au Drive on a FARMY YES NO 1
3. NAME OF DECEASED (Type or print) COYOU Jane 1	Carmouth Sept. 2/ 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH feb. 9 1882 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Konths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker Own home	Towa U.S.
Robert Mc Cluse	norma mead
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) No (If yes. give wor or dates of service) No	obert Learmouth 1003 Paul Bri
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CFREBIL (7)	THROM BOSIS INTERVAL BETWEEN ONSET AND DEATH 12 HOUR
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO DUE TO (b) DIABSTES DUE TO (c) HIPPRTENSIVE	MOINTYS 2 YEAR DISCHER 20 YEAR
13 RheumATOID 17-17+	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of wark 10 thanks 19 of wark 10 thanks 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State city, street, office bldg., etc.)
21. I certify that I attended the deceased fram TAN alive on SCFTONBCR 19 58, and that death ACTUAL SIGNATURE AND ARCHITECTURE ACTUAL SIGNATURE AND ARCHITECTURE ACTUAL SIGNATURE AND ARCHITECTURE ARCHI	n accurred at 140 f. M., from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGN M.D. 26 N. Sum; n. T. DY F. T. J.
PHYSICIAN'S GORDON ROSENBERGER	Ja retens Bung, M.
	METERY PERU, ILLINOIS
Saymond W. Juska, SILVER SP.	RING, MD. DATE SEP 2 3 '58

ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be retained by the hospitol or attending physicion.

TO FUNERAL RECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 showd be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 have after death. VS A15 (4) 15M 9/55

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15M 10/57



SEP 2 6 '58 DATE

24b. REGISTRAR'S SIGNATURE Orthung & Kraus

(County)

e. IS RESIDENCE ON A FARM? YES NO

Year

19 58

Hours

INTERVAL BETWEEN

OMSET AND DEATH

day

PERFORMED? YES NO

(Stole)

DATE SIGNED

Day

USA

to the little	Bookeres		
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		de temali (sono	wanted a specific of
			ly is
			Kan Line America
			Mark Street
			1 002 -101
	n benoon Rockey Lyd.		
		6 0	

2 mould be filed with executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNERAL SCTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

VS A15 (4) 15M 9/55 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10286

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	utg	MARYLAND	2. USUAL RESIDENCE (W) o. STATE	deceased lived,	If institution: Resident COUNTY	ce before admission)
b. CITY OR TOWN Illewhide corpor RURAL and give regress town) Company	1) /	NGTH OF STAY IN 16	c. CITY OR TOWN (IF of 56)	1	write RURAL and a	nive negres) town)
d. NAME OF HOSPITAL (If not in h OR INSTITUTION	Sanda		12807- H	aries 5	1 5.5 pg	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MINNIE	Middle	LEOPOLD	4. DATE OF DEATH	Sep+	Doy Year 20 1958
5. SEX F 6. COLOR O	PR RACE 7. MARRIED WIDOWED 2	NEVER MARRIED [4-29-18	lost		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KIND if refired)	OF BUSINESS OR INDUS	1	or foreign country)	I2. CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	2 4 -		14. MOTHER'S MAIDEN N			
SOLOMO	N BER	GER	ESTHER	BERG	ER	
15. WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. SOCIA		FORMANT		Address	
Mone		M	ELVIN ROM	ANCEF	2807- HA	PRRIS Str.
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE IMMEDIATE (SED BY:	1	EMIA			INTERVAL BETWEEN ONSET AND DEATH
204,4	DUE TO					
Canditions, if any, which gave rise to immediate	(b)					
couse (a), stoting the under-	DUE TO					
lying couse last.	(c)					
CATIC		IBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH MINER) 20b. DESCRIBE	HOW INJURY OCCURRED). (Enter noture of injury in I	Port I or Part II of ite	om 18.)	
20c. TIME OF INJURY Month, E Haur a.m. p. m.		Not while foc	CE OF INJURY (Home, form lary, street, affice bldg., etc		n) (C	County) (Stote)
21. I certify that I attend	led the deceased fr		accurred at 172	4		ast saw the deceased
alive an ALBT						io daile sidica dedic
1	in C. U	leiner,	AD ING I	ADDRESS (Street, cit	nor Solv	W. Leptro
ACTUAL SIGNATURE	in C. U	leiner.	1.0. /OU L	MATCHES (Street, cit	no Sty	W. Lytra
ACTUAL SIGNATURE SIMON	THEREOF 224	NAME OF CEMETERY OF	nd. IN I	22d. LOCATION (C	y or town, stole) NU SIV Ity, lown, or county) HAVEN	DATE SIGNED (Store) (Store)

HE OF DEATH		495
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toward.		
CONTRACTOR STANDARDS		NOTES THE SECTION OF
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CERTIFICATE	OF	DEAT
	CERTIFICATE	CERTIFICATE OF

10375 CERTIFICA	AIE OF DEATH	Reg. Dist. 1	No.
1. PLACE OF DEATH O. COUNTY MONTGONERY MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	l lived. If institution: Residence be Montgomery	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION POSS RD SILVERSPE.	d. STREET ADDRESS M. 2212 Ross Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROSE Middle	Levive 4. DATE OF DEATH	Sept. 15	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED UNIVORCED DIVORCED	8. DATE OF BIRTH JULY VIIGOY	9. AGE (in years lost bigthday) Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Russia		OF WHAT COUNTRY?
13. FATHER'S NAME Zalman Murnik	14. MOTHER'S MAIDEN NAME Chaya		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	informant Ldney Levine 2203 M	Address Mark Court, Silv	ver Spring.Md.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate covise (a), stating the under- lying couse lost. DUE TO (b) DUE TO (c)	ARTERIO-SEL	EROSIS	6 CUCCKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRE			PERFORMED YES NO
	ED. (Enter noture of injury in Port 1 or Port	t 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p.m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City actory, street, office bldg., etc.)	or town) (Coun	nty) (Stote)
21. I certify that I attended the deceased fram. alive an Sept S, 19 S, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LeRoy Robins, MeD.	M.D. 2480	15., 19.58, that I last the causes and an the creet, city or toym, state) St., N.W.	t saw the deceased date stated above. DATE SIGNED
220. BURIAL GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL SPECIFY SEPT. 17198 ELESAVET 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	GRAD CEM. W	TION (City, town, or county) ASKINGTON TRAR 24b, REGISTRAR'S SIGNA	(Stote)
Bernard Danzansky & Sons 3501 14th St.,	NW. DAREP 1 8 '58	arthur S. Tha	L/A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL P page 3 shauther registrar p VS A15 (4) 1SM 9/SS

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		STEENING ST	
Sal 4. 15 1926	A ANG		
		Cook Com	
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	appli)		Tribuna parties
	Note Line		
			Het voted School
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		14.78 CALL DISC SEC. 15	8 - Shalasi bened

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10376 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomerv death. b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town) Bethesda days Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Suburban Hospital YES NO X 3510 Taylor Street 4. DATE NAME OF Middle First Month Day Yeor DECEASED September Jerome Lightfoot DEATH 19 58 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX Months Days Hours Male White DIVORCED | December WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Hospital Record INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPONE PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.! Hour o. m. While Not while of work of work 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, plate) ACTUAL we. PHYSICIAN'S N. COPILE ROBERT NAME (Type) FUNER 22c. NAME OF CEMETERY OR CREMATORY 220. SURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) agod REMOYAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Covered S. Trank

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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0288	CERTIFICATE	OF DEATH
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L		1028	SS CERT	IFICA	ATE OF DEATH	1	1	Reg. Dist. No).	
1.	o. COUNTY Confe	gomery	MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Lave	/	ed. If institution b. COUNTY	Residence bef	ore admission	
5	b. CITY OR TOWN (If outside RURAL and give neores to	e-corporote limits,	write c. LENGTH OF STA	Y IN 16	Takoma	utside corporote	limits, write RUR	AL and give ne	arest town)	
4	d. NAME OF HOSPITAL (IF NO OR INSTITUTION)	Guntaria	street oddress)		5130 U	1:1100	NA	ve.	e. IS RESID ON A F YES	PENCE FARM?
3.	NAME OF V DECEASED (Type or print)	V. 4/1 KV		ry	Martin	4. DATE OF DEATH	Sept.	D /	2	95 ⁻ 8
	M. WI	rite w	MARRIED NEVER MARI	ED 🗆	B. DATE OF BIRTH	1870		Honths Doys	Hours	Min.
)	usual Occupation (Give during most of working life, Retired	kind of work don even if retired)	e 10b. KIND OF BUSINESS	OR INDUS	Districe	or foreign count	Colomb	12. CITIZEN	DE WHAT O	COUNTRY
13.	William H	1. Mar	Bin		11. MOTHER'S MAIDEN N	Jo.	hnso	2		
75.	WAS DECEASED EVER IN U.	S. ARMED FORCES		0. 17. H	ashington So	anitar.	Yun t	Hosp	· Pe	cora
18	PART I. DEATH WAS		Forte Can	1.]	tive Hear	+ Fac	leare	ON	ERVAL BETY	DEATH
	450,0 Conditions, if ony, whi		Sorile A	rte	rioselerose	i		1	2486	ech
	gave rise to immedia couse (o), stating the <u>und</u> lying couse lost.									
CATION	PART II. OTHER SIGN		ONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)	19. WAS AT PERFORM	MED?
CERTIFI	200. ACCIDENT WAS UNDE OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH	b. DESCRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in P	ort I or Port II o	of item 1B.)			
MEDICA	20c. TIME OF INJURY Mon Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work Ot work	20e. PL/ foc	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or	tawn)	(County		(Stote)
	21. I certify that I o	ttended the de	- The said the said	/	occurred ot // 97	M, from the	1955,			
	ACTUAL SIGNATURE	3 Her	eln_		M.D. 7/12 W	ADDRESS (Street	city or town, sto	ote)	2/ S	E SIGNED
	PHYSICIAN'S NAME (Type)	3. Qu.	EEN		TAKOMA.	PAIR	141	/	958	-

22c. NAME OF CEMETERY OR CREMATORY

burial 9/16/58 Rock Creek Cemetery Washi

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. D.C. 240. REC'D BY REGISTRAR

The S. H. Hines Co. 2901 Lthst., N.W. DATE SEP 16 '58

22d. LOCATION (City, town, or county)

DATE SEP 1 6 '58

Washing ton D. C.
REGISTRAR 24b. REGISTRAR'S SIGNATURE

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may be retain TO FUNERAL

220. BURIAL, CREMATION, 226. DATE THEREOF

DUPIAL 9/16/58
23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

		8	CERTI	IICA	IL OI DE	~!!!			R	eg. Dist	No.	215	
	tgomery		MARY		2. USUAL RESIDEN o. STATE	ICE (Whe		d lived. If ins b. COU		Residence	before	a admiss	sion) 4
RURAL and give no	If outside corporate limi earest town) ural)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	vn (If ou delp)		prote limits, w	rite RURA	At and gi	ve near	rest town	•)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g		address)		d. STREET ADDI	RESS			,	6 1		ON A	FARM?
	Hospital,	Beth	esda, Md.		15	120	Leban	on Str	eet			YES _	NO 🔀
3. NAME OF DECEASED (Type or print)	fir Haj	st Ty	Wesley		MASON,	Sr.	4. DATE OF DEATH	Se	Month ptem	ber	15		Year 1958
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIE	D 8.	DATE OF BIRTH			9. AGE (In y					ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	1	1 Februar	cy l	903	55 birthd	yrs. M	lanths {	Days	Haurs	Min.
10a. USUAL OCCUPATION during most of work Carpenter	ON (Give kind of work king life, even if retired		KIND OF BUSINESS OF	R INDUST	New Yo		r foreign c	ountry)		12. CITI2		S.	COUNTRY
13. FATHER'S NAME			4-14-1-0		14. MOTHER'S MA		AME					-	
George MAS					Minnie 1	BOWE	N						
Yes Yes	IR IN U. S. ARMED FOR (If yes, give wor or dates of s WW-II		SOCIAL SECURITY NO.	1	ormant on) Harry	Wes	ley M	ason,	Address Jr. (Same	As	#2)	
PART I. DEA 190. 4 Conditions, if o gave rise to i cause (o), stating lying cause last.	mmediate (DUE TO)	arcine of ne	ek	0,30	29 24.	er er	- 0	Ze Cl		ONS	S/	MO.
20g. ACCIDENT WA	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRISE HOW INJURY OF							IN PART	1(a) 19	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUR Hour a. m. p. m.		While	NJURY OCCURRED Not while	20e. PLAC	E OF INJURY (Homory, street, affice blo	dg., etc.)					ounty)		(Stote)
actual signature PHYSICIAN'S NAME (Type) M. 220. BURIAL, CREMATIC REMOVAL (Specify)	C. SHEA, L'	., 19 .,MC,	USN 22c. NAME OF CEME	death o	U.S. NO	aval	M, from DORESS (S HOSP HOSP 22d, LOCA	ital, ital,	es and own, stat Beth Beth	i on the lesda lesda lesda	, M	e state	ed above ATE SIGNE 9-17-5
Burial	19-19-58		Arlington	Nat				ngton,				23	
23. FUNERAL DIRECTOR	S SIGNATURE	me 3	ADDRESS	t. Ws			BY REGIST			AR'S SIGN	0 -		

Page 4 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital ar attending physician.

TO FUNERAL (CTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shouse, redetached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10379 **CERTIFICATE OF DEATH**

Reg. Dist. No.

o. COUNTY Montgom	YLAND	2. U\$U / o. ST	ATF		e deceased Land	lived. If instituti b. COUNTY				ion)			
b. CITY OR TOWN (If outsice RURAL and give nearest to Bethesda (Rura	de corporate limit	s, write	c. LENGTH OF STAY	(IN 16	c. Cl			side corpord	ote limits, write F	RURAL ond	give ned	rest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION U.S. Naval Hos			oddress)		/ d. S	TREET ADDRES		Batte	ery Lane				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fin Diar		Middle Kather:		M	Lost C COMB	-	OF DEATH	Mor Sept	ember	Do 14	,	Yeor 19 58
5. SEX 6. CO	DLOR OR RACE	7. MARRI	ED NEVER MARR	IED [B. DATE (OF BIRTH		9	. AGE (In years			IF UND	R 24 HRS.
	1200	WIDOWE				ay 195°	7		lost birthdoy) 1 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION (Giduring most of working life	ve kind of work d e, even if retired)	one 10b. I	None	OR INDUST		ashing				12. CI	U.S.		COUNTRY?
13. FATHER'S NAME					14. MC	THER'S MAID	EN NA	ME					
Gordon Stuart	MC COME	3			Do	nna Ma:	rga	ret GA	ALLEN				
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, g) NO	. S. ARMED FORCE	rvice)	social security no		ther		As	#2) (Add Fordon S		COM	3	
Conditions, if ony, we gove rise to immedicouse (o), stoting the unitying couse lost. PART 11. OTHER SIG	DUE TO (c). SHIFICANT COND		ONTRIBUTING TO DE	ATH BUT F	NOT RELA	STED TO THE T	ERMINA	AL DISEASE	CONDITION GIV	/EN IN PAR	RT 1(o) 11	PERFO	AUTOPSY RMED?
	AL EXAMINER)		RIBE HOW INJURY C										
20c. TIME OF INJURY Mo Hour o. m. p. m.	nth, Doy, Year	20d. IN While of work	Not while	20e. PLA	CE OF IN	IJURY (Home, t, office bldg.	form, , elc.)	20f. (City o	or town)	(County)		(Stote)
21. I certify that I calive on 4 Septimizer Signature Physician's Name (Type) Rober 220. Burial, Cremation, Burial (Specify) Burial (Specify)	t C. The	. 19.5 omas,	and that	N RETERY OR	CREMAT	od at 7: I.S. Na I.S. Na	45P val val	Hosp: Hosp:	the causes of th	these	he dai	e state	9-5-58
23. FINERAL DIRECTOR'S SIGN R.A. Pumphrey	TURE TU	real	o labores -			240.	REC'D	BY REGISTRA	AR 24b. REGI		GNATUR		14

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Item 4, Film G234, 10/9/58 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg.	Dist.	No.	

1. PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY							
	ontgomery				laryl				teome		
b, CITY OR TOWN (If outside carparate limitearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	DWN (If ou	tside corpora	le limits, write R	URAL and giv	re nearest to	wn)	
	a Park			Xxxxxxxxxxxxx Bethesda							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET AD	DRESS				e. IS R	ESIDENCE A FARM?	
73 7 7 37	rsning Ho	ne		5112	. Wes	sling	Lane			□ NO-□	
3. NAME OF DECEASED	Fir	st	Middle	Lost		4. DATE OF	Mon	th	Day	Yeor	
(Type or print)	EVA		D	McDEVI	TT	DEATH	Sep	t.	26	19 58	
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9	. AGE (In years lost birthdoy)	IF UNDER 1		7	
Female	white	WIDOW	ED TO DIVORCED	March	1. 7	886	72 yrs.	Months D	oys Hour	Min,	
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (Stote o	r foreign cou	ntry)	12. CITIZ	EN OF WHA	AT COUNTRY	
Housewi	king`life, even if retired f`A	,	Own Home	Ohio					USA		
13. FATHER'S NAME			OWIT TIONIC	14. MOTHER'S		AME			UUA		
1.7.7.7	: D				2.0		5 3				
	LAM DOWNE		SOCIAL SECURITY NO. 17. I	NFORMANT		ry J	Dyol				
(Yes, no or unknown)	(If yes, give war or dates of s		SOCIAL SECURITY NO. 117. 1	0	laugh			ess			
No				Helen Bo	yer-	4708	Morgan	Dr.	Bh. (Ch. Mc	
		use per li	pe for (o), (b), and (c).]	7					INTERVAL	BETWEEN	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, (LEREBRAL	11TR	OM/	3051	5		100		
BJJXX	DUE TO	-									
Conditions, if	an which \	(FOT-BOAY	AR-	- P1	OSCL	EROS	, <	10%	100 C	
gove rise to	immediate (CREBICAL	11111	- / \ / (0366	C 1 0 3	7	, _ ,	WITTEL S	
couse (a), stating		6.		1			-0-5		10 1	13000	
lying couse lost.	10000		LNGRAL	1-1/5		0506	C15921.			CH/62	
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	'EN IN PART I	1(o) 19. WAS	S AUTOPSY FORMED?	
5 FRA	CIURE		LEFT FE	MUR	When	1406	1450		YES [] NO 🗷	
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Po	art I or Port I	I of item 18.)				
	RY Month, Day, Ye	or 20d I	NJURY OCCURRED 20e. PL	ACE OF INJURY (H	ome form	206 (City o	or town)	100	unty)	(Stote)	
20c. TIME OF INJU Hour o. m. p. m.	19	While of wor	Not while fo	ctary, street, office			a lowing	(Co	uniyi	(Siole)	
21 L cartify(t)	hat I attended the	decens	ed from IDRT	, 19.47	ta.	p- :	26, 195	Sthat I la	et cow th	e decease	
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alive an		, 19	and that death	accurred at_	£		the causes o				
ACTUAL	1 1/1	6	111 - 6	7000	2	DUKESS	er, city or town,	store)	16/58	DATE SIGNED	
SIGNATURE	my o		ou give	M.D. 2007	VE	Sax	FUE	JE.	TUESI	50 40	
PHYSICIAN'S	OBERT A.	ANGI	E							,	
NAME (Type)											
	ON, 226. DATE THEREC)F	22c, NAME OF CEMETERY O	R CREMATORY			ON (City, town,	or county)	(\$t	ofe)	
REMOVAL (Specify	9-29-5	8	Parklawn (emetery	· 1	lontgo	omery C	ounty	, Md	•	
23. FUNERAL DIRECTO		T. NO	ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN	NATURE		
ROBER		HRE	Bethesda		DATESER			Thur S. 9	Trave		
				3 717/1 6	DVIE DE	20 30		24, /			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/55

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0380	CI	ERTIFIC	ATE	OF	DEATH	ł

		- 0				Keg. Di	IT. ING.	
1. PLACE OF DEATH o. COUNTY MO	ntgomery	MARYL	O. STATE	DENCE (Where dece aryland		If institution: Residen COUNTY MOD	ce before	
RURAL ond give neo	outside corporate limits, wi rest town) thesda	ile c. LENGTH OF STAY II		OWN (If outside co	orporote limi	ts, write RURAL and		
d. NAME OF HOSPITA OR INSTITUTION	(If not in hospital, give staburban Ho		d. STREET A	DDRESS Cain Cour	t			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Norma.	Middle K	los McLau	OF		Month cember 17	Day	Yeor 19 58
5. SEX Female	1071 . 2 .1.	MARRIED NEVER MARRIED	37	4	9. AGE			UNDER 24 HRS. Hours Min.
during most of working	(Give kind of work done in life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	ACE (Stote or foreign	in country)	12. CI1	IL.S.	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME	1		-0.0;	
	ROSWELL KING	3	7	Marv	Clayt	on		
15. WAS DECEASED EVER (Yes, no. or unknown) (IF	IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ighter	Address	n Go	rman)
Conditions, if ony gove rise to im couse (o), stoting the lying couse lost.	mediate e under- (c)	Gerebro Hyperti	eized o	w D	sel	eroris	0	peaces fear
3 anti	iterli	DIS CONTRIBUTING TO DEAT	Reca					WAS AUTOPSY PERFORMED? ES NO 4
20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 2	Od. INJURY OCCURRED /hile Not while work of work	20e. PLACE OF INJURY (factory, street, office	Hame, farm, 20f.	City or town) ((County)	(Stote)
	Sovet	V	death accurred at	-				the deceased stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	G. BOWDITCH	HUNTER JR		ROCKW	I.E.	۷D	9-17	3-58
220. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREOF .sit 9-17-5	8 Beech Wo	ery or crematory	224.10		helie,	New	York
23. FUNERAL DIRECTOR'S ROBERT A.	PUMPHREY,	Bethesda,	Md.	240. REC'D BY RED DATESEP 1 8	358	arthur S.		

TO FUNERAL COTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shower be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, or remaval, and in any event with 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4

VS A15 (4) 1SM 9/SS

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Reg. Dist. No.

o. C0	ontgome	mv		MAI	YLAND	2. USUAL RESI		ere deceased	h com		sidence befo	ore odmiss	ion)
b. CI	ITY OR TOWN (H	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b				rote limits, wri	te RURAL	ond give ne	arest town	7)
-	JRAL and give ne	arest town)		69 days							11	7 V	3
	ethesda	AL (If not in hospital, g	ive street		5	d. STREET A	ngton				7	/ A ~	IDENICE
0	R INSTITUTION				200								FARM?
		ical Center	Be.	thesda lu,	Md.	200 0	Stre	et, S.	E.	Apt.	101	YES	NO 🔀
	AE OF EASED	Fire	st	Middl	le	Los	ıt	4. DATE OF		Month	D	ay	Yeor
	e or print)	Fra	ınk	Bal	11	Melc	hior	DEATH	Sept	ember	r 1	5,	1958
S. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARE	RIED [7]	B. DATE OF BIRT	Н		9. AGE (In ye		NDER 1 YEAR	R IF UND	ER 24 HRS.
TV	fale	White	WIDOWI	ED DIVORC	ED [April	10. 1	897	lost birthdo	yrs. Mon	iths Doys	Hours	Min.
10o. US	UAL OCCUPATIO	N (Give kind of work of	done 10b.	KIND OF BUSINESS	OR INDU	-			ountry)	12	. CITIZEN	OF WHAT	COUNTRY
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		E. Melchior							E. Ball				
		IN U. S. ARMED FOR	ervice1	SOCIAL SECURITY N		NFORMANT T	he Me	dical	Record	Address			
4	10-VES	WWT	2	80-22-3451	1	The Cli	nical	Cente	er, Bet	hesda	14,	Mary.	land
18.	CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), ond (c).]						INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:		Conto	1 11 3 1	2					ON	SET AND	DEATH
	157	DUE TO		a July	2000			-					74.9_
	131		1	Matit.	7	PALA	1100		Min	us.		6-11	1100
	onditions, if or ove rise to in		<u> </u>	Measia	sie	Carci	ALT	nu	mu	440	e e	01	rox
co	use (o), stoting I			Paras		10	0 00	ucr	00 4			2	
-	ing cause lost.) (c)	will	uon	na a	Pa	wer	eas			4	
ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED T	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN	PART 1(o)	PEREC	AUTOPSY RMED?
OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter noture c	f injury in P	ort I or Port	11 of item 18.)			.,,
WEDICAL 20c	Hour o. m.	Month, Doy, Yeo	While	NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (Home, form, bldg., etc.	20f. (City	or town)		(County)		(Stote)
		at I attended the tember 15		40		accurred at	7 3 7	ptembe AM. from	r 15 ₁₉	58, the	at I last s	aw the	deceased
	6	11/10	111	,					reet, city or to				ATE SIGNED
ACI	TUAL T	7-16. 20	111	exman		Th	e Cli	nical	Center			9-15	5-58
310	NATURE	7, 0	000			VI.D	tiona		titutes		Heal th	3	
	YSICIAN'S ME (Type) Ha	rold R. Si	lber	man, M. D.			thesd		Maryla	-	ileat of		
REA	RIAL, CREMATION MOVAL (Specify)	17 SEPT 1		22c. NAME OF CEN		CREMATORY NAT. C	EM.	22d. LOCAT	TION (City, lov		nty) VA	(Stot	e)
23. FUN	HES T.	RYAN, INC.	91.	317 PA.Ava	c,5, E	De3		EN REGIST			S SIGNATU		

may be retained by the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show or be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 9/55

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VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10362 Reg. Dist. No.

	103	82	CERTI	FICA	TE OF DEATH	1		Reg. Dist		000
1. PLACE OF DEATH O. COUNTY MOI	NTGOMERY		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE MARYI		ed lived. If instituti b. COUNTY		• before ad GOME	
b. CITY OR TOWN (IF RURAL ond give nea ST)	outside corporate limitrest lown) LVER SPR		LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	100	orote limits, write R			
d. NAME OF HOSPITA OR INSTITUTION 1717 F1	L (If not in hospital, g ora Lane		ress)		d. STREET ADDRESS	RA L	ANE		0	RESIDENCE N A FARM?
B. NAME OF DECEASED (Type or print)	MAR(ARET	Middle UND	ERW	OOD MILLER	4. DATE OF DEATH	Mor 1 9	nth	Day 7	Yeor 19 58
FEMALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIE		6/30/1889		9, AGE (In years last birthday) 9 yrs.		YEAR IF U	NDER 24 HRS.
Og. USUAL OCCUPATION during most of working retired	N (Give kind of working life, even if retired)	of Business o		TRY 11. BIRTHPLACE (S1010 WASHINGT		D.C.		U.S.	AT COUNTR'
3. FATHER'S NAME	ILSON P.	MILLE	R		14. MOTHER'S MAIDEN N		Y FENTO			
S. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dotes of s	ervice	NE	17. II	S MARY GARD	NER	2008			
Conditions, if on gove rise to im cause (a), stating It lying cause last.	mediate DUE TO)ar	rdio va terio.						34	ND DEATH
20g. ACCIDENT WAS	UNDERLYING []				NOT RELATED TO THE TERMI			/EN IN PART	1(a) 19. W. PE YES	AS AUTOPSY REORMED?
OR CONTRIBUTING [(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH		RY OCCURRED Not while	20e. PLA	CE OF INJURY (Home, form lory, street, office bldg., etc.	, 20f. (Cit	y or town)	(Co	ounty)	(State)
21. I certify the alive on	it I attended the	deceased , 1958	2	death			m the causes of Street, city or town,	ond on the		ated above DATE SIGNI
PHYSICIAN'S NAME (Type)	E.F.Q	Way	e	Mi	T. In	llese	ustow	Dic	· •	
20. BURIAL, CREMATION REMOVAL (Specify) burial	9/10/58		Congres	-	nal Cemeter	y W	(TION (City, town, a shingto	on, D	.C.	Stote)
The S.H.		mpany	Washin	uth gtor	St. N. W. REC'I	SEP 9		STRAR'S SIGN		4.

	DESCRIPTION OF DEATH AND ADDRESS OF DEATH
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requires that the death certificate be executed within 24 hours

83 CERTIFICATE OF DEATH Reg. Dist. No.	CERTIFICATE OF DEATH Reg. Dist. No.	036	
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	1038	3	CERTIFI	CA'	TE OF DEATH			Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY Montgome:	rv		MARYLAN		2. USUAL RESIDENCE (Wh o. STATE Marylan		b. COUNTY	ntgome		on)
b. CITY OR TOWN (If outsice RURAL and give nearest to lney	de corporate limits,	write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF o		orote limits, write RI	URAL ond give	nearest town	
d. NAME OF HOSPITAL (IF OR INSTITUTION MONTGOMERY	~ .	-	neral Hosp	t.	d. STREET ADDRESS 713 W. Mon	tg.	Ave.			DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	First EORGE		(NMI)	MII	LS Lost	4. DATE OF DEATH	DCD0.	3,	1	9 58
Male W	hite	/IDOWE		3 3	DATE OF BIRTH 62		9. AGE (In years last birthday) 96 yrs.	Months Do		R 24 HRS. Min.
10o. USUAL OCCUPATION (Gi during most of working life Ret Farme	e, even if retired)		kind of Business or II Farming	NDUST	Pennsyl	vani		US	OF WHAT	COUNTRY
13. FATHER'S NAME	1	Mil	ls		14. MOTHER'S MAIDEN N	lame Carol		Fleto	her	
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, s	I. S. ARMED FORCE give war or dates of servi		social security no.		ormant s Martha M	I. Lo	oper-It			
18. CAUSE OF DEATH [I		e per lin	(c).]	·					NTERVAL BE	
Conditions, if ony, w	DUE TO	C	ere BrAL	and the	INSUFFI	enc	Y		15 X	C13 F
gove rise to immed couse (o), stating the <u>un</u> lying couse lost.		1	Vephros	CL	erosis				15 Y	1 12 12
PART II. OTHER SIG	BALTE CONDI	TIONS C	AND UM ON		OT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	'EN IN PART 1(c	PERFO	AUTOPSY RMED? NO 🔯
PART II. OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBU	AUSE OF DEATH	Ob. DEST	CRIBE HOW INJURY OCCI	JRRED.	(Enter nature of injury in I	Port I or Po	ort II of item 18.)			
20c. TIME OF INJURY Mo	onth, Day, Year	While	NJURY OCCURRED 20. Not while of work		CE OF INJURY (Home, form ory, street, office bldg., etc	20f. (Ci	ty or town)	(Cour	nty)	(State)
21. I certify that I alive an	attended the c	lecease	-6 · V 1	1_1_ eath	$\frac{19^{5}8}{10^{5}}$, to $\frac{1}{3}$	M, fro	im the causes of	,,,,,,,,,		

DATE SIGNED

ACTUAL W. Montg. Ave., Rockville, Md. PHYSICIAN'S NAME (Type) Rosenberger-310 Gordon S.

220. BURIAL CREMATION, BURIAL (Specify) 9/5/58 22d. LOCATION (City, town, or county) (Sto Gaithersburg, Maryland 22c. NAME OF CEMETERY OR CREMATORY

9/5/58 Forest Oak 24b. REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE

DATE SEP 5 arthur S. thous Robert A. Pumphrey Bethesda, Maryland

Poges 1 and 2 s. ned by the hospital or attending physicion.

ECTOR: After this certificate has been signed by the ottending physician and completely filled into the detached for use as the burial-transit permit. Then please remove carbon papers. Pages I amprior to burial, cremation, ar removal, and in any event within 72 hougraffen death. moy be retoined by the hospital or attending to FUNERAL ECTOR: After this certifical page 3 show. The registror prior to burial, cremation, and the registror prior to burial, cremation, and VS A1S (4) 1SM 9/55

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ADDRESS

Page death. haurs certificate

O HOSPITAL 10

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO Day Year September 58 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S. (Daughter) Mrs. Edna M. Smith (Same As #2) INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YEST NO (Stole) (County) 58 to 8 Sept. 19 58 that I last saw the deceased and that death accurred at 4:00PM, from the causes and an the date stated above. Naval Hospital, Bethesda, Md. U.S. Naval Hospital, Bethesda, Md. (State) 4000 Suitland Rd., Suitland, Md. 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR arihur S. Thous Wisconsin Ave., Bethesda, Md. DATE

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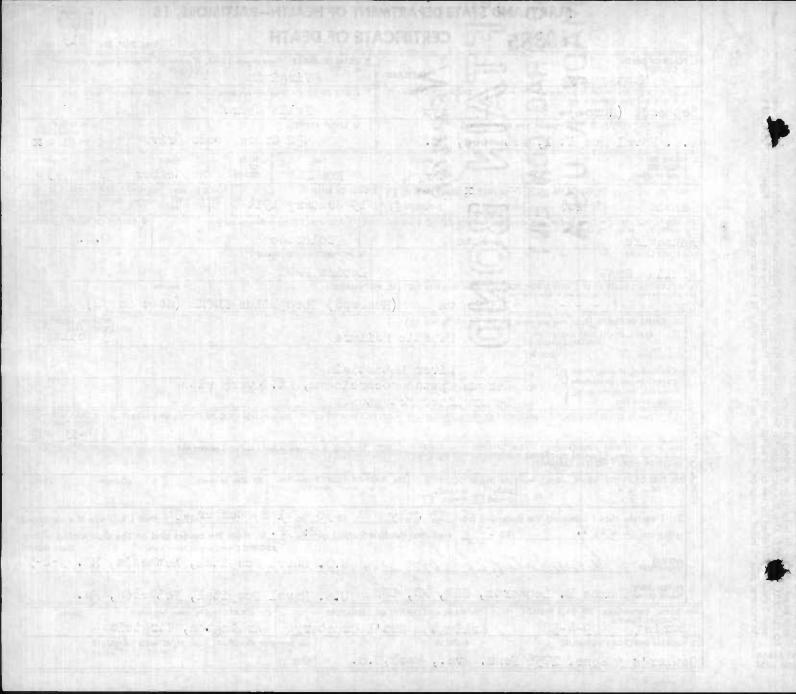
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10385 CERTIFICATE OF DEATH

10365

1. PLACE OF DEATH o. COUNTY Monto	gomery	Ve	MAR	YLAND	2. USUAL RESI	Virgi		d lived. If institu b. COUNT		ice before	admissia	n)
	If outside corporate limi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
RURAL and give n	CITY OR TOWN (If outside corporate limits, write loc. LENGTH OF STAY IN 1b LURAL and give nearest town) Lesda (Rural) 53 Days				Falls Church 83x-3							
	TAL (If not in hospital, s	rive street			d. STREET A		5 CHUL	CII	000		IS RESID	ENCE
OR INSTITUTION	Hospital,					1	Cross	Woods Do	ive		ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Fii Mar		Middl Kathry		MOOF		4. DATE OF DEATH	Septe	ember	Doy 1		58
5. SEX		w	RIED NEVER MARR		. DATE OF BIRT	Н		9. AGE (In year		1 YEAR IF		-
Female	White	WIDOW	_		19 Janu	uary 1	1914	last birthday)	Months	Days 1	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. CI1	TIZEN OF	WHAT C	OUNTRY?
Housewife	king life, even if retired)	None		Co	Lorado	0			U.S	3.	
13. FATHER'S NAME			- 4		14. MOTHER'S	MAIDEN	NAME					-
William SHA	AW				Louisa	DAWE						= .
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT			Ad	dress			
NO	(If yes, give wor or dates of s		Inknown	(Hu	sband)	Theopl	hilus	MOORE (S	Same A	s #2))	
	ATH [Enter only one co	use per li	ne far (a), (b), and (c			-				INTERV	AL BETY	WEEN
	ATH WAS CAUSED BY:		Hepat		ilure					ONSET	Veek	SEATH
1750	IMMEDIATE CAUSE (d		210									
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gave rise to i	mmediate (ous Cysta			a. T.t.	. Ovar	v with				
lying cause lost.	the under-		neralized			, 20		J				
Z PART II. OT	HER SIGNIFICANT CON					THE TERMI	INAL DISEASI	E CONDITION G	IVEN IN PAR	T 1(a) 19.	WAS AL	JTOPSY
PART II. OT		100									PERFORI	MED?
20a. ACCIDENT W.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature a	f injury in I	Part I or Part	t II of item 18.)				
Y 20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while k of work	20e. PLA foct	CE OF INJURY (ary, street, affice	Hame, form bldg., etc	n, 20f. (City	or tawn)	((County)		(Stote)
21. I certify th	nat I attended the	decens	ed from 10 J	uly	10 58	to 1	Septe	mber 195	3 that I	last saw	the d	9599195
	Sept,	. 19	58 and the	t death	occurred at	2:35P	• AA from	n the causes	and an t	he dete	atetas	Labarra
0		1	/-/,	deam	occorred at			reet, city or town		ne dale		E SIGNED
ACTUAL	Muman C	27 4	Theher	7 4.	U.S.			ital, B		a. Mo		
	- W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 60										
PHYSICIAN'S The	omas B. Leb	hert	z, CDR, MC	, USN	U.S.	Nava	1 Hosp	ital, B	ethesd	a, Mo	3.	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC		22c. NAME OF CEA					ION (City, town,			(Stote)	
Bur 1a 1	9-4-58		Arlington	Nat'	1 Cemete	ery	Arli	ngton,	/irgin	ia		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC	D BY REGIST	BAR 24b. REC	SISTRAR'S SIG	GNATURE		
Gawler's &	Sons, 1756	Penn	a. Ave., W	ash,D	.C.	DATE		a	unun S.	Mand.		



10386	CERTIFICATE	OF	DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONT			MARYL		2. USUAL RESID	ryla	nd	b. CC	Mo Mo	ntgo	mery	
B. CITY OR TOWN (RURAL and give n		s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR 1	en E	autside carpo	rate limits,	write RURAL	and give n	earest lown	
d. NAME OF HOSPIT	TAL (If not in hospitat, galey Ave.	ive street			d. STREET A	DDRESS	esley	Ave	•			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	NANNIE	st	Middle E		MOORI		4. DATE OF DEATH	9	Month ept.	16		9 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES		DATE OF BIRTH		870	9. AGE (In lost birth	years IF Ut iday) Man	NDER 1 YEA	Hours	R 24 HRS. Min.
At Home	ON (Give kind of work of king life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUST		ACE (State		auntry)	12	U.S		COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME		- 75			
James E	. Liddy				Mary	Elm	ira W	alra	th			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. tNI	ORMANT				Address		-	
?	(if yes, give wor or odies or to	HAICE)	?	M	rs. Ru	th E	.M. L	ong	200	Well	ealel	Ave
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (0	CALLED TO DEA	eles	tu 7	Sei	1	rsin	<u> </u>	7	134	RJ
CAI										YPAKI I(0)	PERFO	NO Z
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature a	f injury in	Part t ar Part	t II of item	8.)			
20c. TIME OF INJUR	RY Month, Day, Yea	While of worl	Nat while	Oe. PLAC	E OF INJURY (I	Home, farm bldg., etc	n, 20f. (City	or town)		(County	')	(State)
21. I certify the alive on	and I attended the	decease 12	-1	M.	., 19 <u>93</u> occurred at		M, from ADDRESS (SI Buth Buth		ses and a	on the d	ate state	deceased dabove. TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	9/20/58	F	Cedar Hi		crematory Cemete	ry	22d. LOCAT	ion (city, tlan	d, Me	ryla	nd (Store	
23. FUNERAL DIRECTOR	ELV RISTOR	0175	ADDRESS Pa. Ave	. NW	, DC	240. REC'	D BY REGIST	RAR 24b	REGISTRAR	s signal	URE	

within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a may be retained by the hospital or attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and page 3 shaules, a detached for use as the burial-transit permit. Then please remove carbon the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after a VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT files. Health,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10367

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limit write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and give nearest town! S0 922 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO Z 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH mornnestoin 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. MATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. Days Hours WIDOWED [7] DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Confention 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Nem untres DUE TO Conditions, if ony, which Currentar arten gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY

DOB. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

PERFORMED? NO T

20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY

Month, Doy, Year

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) While Not while factory, street, office bldg., etc.)

(County)

Hamicide , Undetermined manner

22d, LOCATION (City, fown, or county)

(Stote)

of work of work

21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection I,

Inquiry 7. and in my

opinion death resulted from: Natural causes , Accident , ACTUAL

SIGNATURE-

M.D. CHIEF MEDICAL EXAMINER

Suicide |

DATE SIGNED

Shosehait 22c. NAME OF CEMETERY OR CREMATORY

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER &

220. BURIAL, CREMATION, 22b. DATE THEREOF

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Circhary & Thous

VS. ALSME 5M 2/57

HYA10 TO STADISTING STREET OF DEATH Thinks an emiden man 3 to the man of a

e. IS RESIDENCE

U.S.A.

INTERVAL BETWEEN

(Stole)

DATE SIGNED

(Stole)

(County)

arihung S. Thous

ON A FARM?

YES T NO 12

Arlington

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery b. COUNTY Virginia MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Bethesda 23 days Arlington d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS The Clinical Center, Bethesda 14, Md. 1334 South 28th Street NAME OF 4. DATE DECEASED Robert Clayton Morrison William September (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Male White October 6, 1904 WIDOWED | DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Government Manitoba Advisor 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rachel (unknown) Norman Morrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recordes The Clinical Center, Bethesda lu. Maryland WW II unknown Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] Pseudomenbraneous Enteritis with PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Hemorrhage, Perforation of DUE TO Intestines and Peritonitis Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY Atherosclerotic Hypertensive Cardiovascular Disease: a. Recent Myocardiaterrormed? Infarction b. Chronic Congestive Heart Failure c. Peripheral Arterial YES NO ... 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Insufficiency. 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from August 13, 1958 10/ September 50 58 that I last saw the deceased , and that death occurred at 2:00 PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S G. O. BARNETT NAME (Type) Bethesda lu. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE Genningly ADDRESS French House Va. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cameron & Alfred Sts. Alex DATE

uneral director, death. Page . campletely pup certificate that per burial-transit certificate by the may be re-HOSPITAL VS A15 (4) 15M 10/57

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VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10389 CAL EXAMINER'S CERTIFICATE OF DEATH

8	10369
Reg.	Dist, No.

PLACE OF DEATH	 ontgomery		MARYLAND	2. USUAL RESIDEN	CE (Where deceo	sed lived. If instit b. COUN	ry .	nce before od	missian)
b. CITY OR TOWN and give nearest t	If outside corporate limits, wri		c. LENGTH OF STAY IN 1b	c. CITY OR TOV		porate limits, write			own)
d. NAME OF HOS	SPITAL OR INSTITUTION OF ST.		oital, give street address)	d. STREET ADDR				10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fii		Middle	Last	4. DATE	Mon		Day	Year
(Type or print)	Vernon	Will			DEATH	Sept.			19
5. SEX 36	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED B.	12/14/21		9. AGE (In years lost birthday) 36 yrs.	Months	Days Hours	
		1	IND OF BUSINESS OR INDUSTI		(State or foreign			ZEN OF WHA	T COUNTRY
painter			auto.	Mt N	ebo.W.	<i>l</i> a		USA	
13. FATHER'S NAME			•	14. MOTHER'S MAIL					
	William	Moses	3	Sarah	Keefer	2			
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Address	591	Brown	St,
Yes	WW II	2.	35 28 5116	ary D	oss ii	oses. Wa	ashin	gtonG	rove
	PEATH (Enter only one co PEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		or (o), (b), ond (c).] bral hemorrhag	e & Lacers	ntion			INTERVAL BETY ONSET AND D	WEEN PEATH
	DUE TO	Com	pound fracture	of skull				sudde	n
gave rise to im (a), stating th cause tast.		Cha	t gun wound						
PART II.	OTHER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART		ORMED?
PART II. (20g. EXTERNAL (PRIMARY gr (CAUSE OF DEAT	CONTRIBUTING 🗹 📗		HOW INJURY OCCURRED. (E.				d deca	apated)	
20c. TIME OF IN	Month, Day, Yes, 9/12/58 19	20d. I While	THUI WILLIE	E OF INJURY (Home ory, street, office bldg OME)., etc.)	y or lown) Shington	(Cou		(Stote)
			emains described above						nd in my
			auses , Accident [
opinion aca	1								1000
ACTUAL SIGNATURE	Frank J.	Br	mhait	_M.D. CHIEF MEDIC				DATE	SIGNED
ACTUAL SIGNATURE	4.0		mhait	ASSISTANT A	CAL EXAMINER CALEXAMINER	ER 🖸	/13/58		100
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Frank J. Bros	schart	22c. NAME OF CEMETERY OR Gilgal Cer	ASSISTANT N DEPUTY MED CREMATORY	MEDICAL EXAMINER	ER 🖸		3 (Sie	100

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CERTIFICATE OF DEATH

10370

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1. PLACE OF DEATH o. COUNTY	lontgomery	MARYL	- 15	o. STATE Mary	Where deceased land	b. COUNTY		fore admission)
RURAL and give n				c. CITY OR TOWN	-1-	rote limits, write RU gettsvil		earest town)
	TAL (If not in hospitol, give st		3 1	d. STREET ADDRESS		Recesari	.10	e. IS RESIDENCE
OR INSTITUTION	RFD Monrovi			RFI		ovia		YES NO NO
3. NAME OF DECEASED (Type or print)	First 0771 <i>e</i>	Middle	Mo	tost kley	4. DATE OF DEATH	Mont	t. 18	Day Yeor 19 58
5. SEX		MARRIED MEVER MARRIE		DATE OF BIRTH		1		R IF UNDER 24 HRS.
Male		OWED DIVORCED			1880	9. AGE (In years lost birthdoy) 78 yrs.	Months Days	
during most of wor	ON (Give kind of work done king life, even if retired)				ote or foreign co		12. CITIZEN	OF WHAT COUNTRY
Retin	red Farmer	Own Fari		14. MOTHER'S MAIDE		Le, Mu.	02	7.6%
70. 17417/EN 3 147411E	Coones Mo-	-7						
16 WAS DECEASED SW	George Moz		17. INFO		Baker	Addre		
(Yes, no or unknown)	(If yes, give wor or dates of service)	None		. Raymond	M. Mo			a, Md.
Conditions, if a gave rise to couse (o), storing lying cause lost. PART II. OT	the under-	ONS <u>CONTRIBUTING</u> TO DEA	TH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	IN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
THER, NOTIFY	AS UNDERLYING () 20b. G () CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter noture of injury	in Port I or Par	II of item 18.)		ts NO
20c. TIME OF INJU Hour o. m. p. m.	, w	Od. INJURY OCCURRED /hile Not while I work ot work	20e. PLACE foctor	OF INJURY 1Home, f y, street, office bldg.,	orm, 20f. (City	or tawn)	(County	r) (State)
21. I certify of alive on	James P.Ke	1958, and that	death o	., 19.52, to coursed at 2			nd an the d	saw the decease ate stated above PATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Sept. 20, 1	22c. NAME OF CEME 1958 Mont				rion (City, town, or B.gettsvi		(Stote)
23. FUNERAL PIRECTOR		ADDRESS Dama		24o. R		RAR 24b. REGIST		

may be retained by the hospital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the ottending physician and comple page 3 shours detached far use as the burial-transit permit. Then please remove carbon pagers, the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exe moy be retain TO FUNERAL VS A15 (4) 15M 9/55

funeral dijector,

completely filled in

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Gled within 24 hours ofter death.

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			security at approprie	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10391 CERTIFICATE OF DEATH

								Keg. Dist	r. 140.
1. PLACE OF DEATH				11	USUAL RESIDENCE (V	Vhere decease			e before admission)
Montgom	erv		MARYLAN	D	Maryland Montgomery				
	If outside corporate limit	ls, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If	outside corp	orote limits, write f	RURAL ond gi	ive nearest town)
Sandy S	pring		5 mo.	X	Sandy Sp	ring			
OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	1/	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Brooke	Grove Road				Box 141	Brook	e Grove I	{oad	YES NO K
3. NAME OF DECEASED (Type or print)	Fir N.C	rma.	Middle Jean		Mullen	4. DATE OF DEATH	Moi d Ser	otembe:	Doy Yeor r 18 19 58
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	71 B D	ATE OF BIRTH	1	9. AGE (In years		YEAR IF UNDER 24 HRS.
Female	Negro	WIDOW			5/7/58		lost birthday) yrs.		Days Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot	te or foreign	country)	12. CITI	ZEN OF WHAT COUNTRY
during most of wor	king life, even if retired				Maryl			U.	. S. A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN				
Norman F	ugene Mulle	n			Merle	Elain	e Hopkins	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1			7. INFO	RMANT	10.446	Add	lress		
[Yes, no, or unknown]	(If yes, give war or dates of s	ervice)		Mon	tgomery Co	. Gene	ral Hosp.	Reco	rds, Olney,
	ATH [Enter only one co	use per li	ne far (a), (b), and (c).}		2	4			INTERVAL BETWEEN
PART I. DE	IMMEDIATE CAUSE (o)	125/01/201	a Me	37 Now	1/22			(O humber
471X	DUE TO	1	1/11	-	2.1.	1			2)
Conditions, if o	ony, which) (b	,	100 00 C	6 -	1=1 19	DO SA		77	Joans
gave rise to i	mmediale (Dur To		121		- A	- 4			
lying couse last.	the under-		OLONG	M	o brown.	Mon	10°		120
Z PART II. OT			CONTRIBUTING TO DEATH I	BUT NQ	T RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19. WAS AUTOPSY
NEW TENT	11.0	دعوس	lerie Lun	~2 D	WEJem st	20			PERFORMED? YES NO
PART II. OT	AS UNDERLYING []		CRIBE HOW INJURY OCCU	RRED.	inter noture of injury in	n Part I or Pa	irt II of item 1B.)		1.5 6 1.0
	MEDICAL EXAMINER)			,					
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED 20e. Nat while of work	PLACE foctory	OF INJURY (Home, far , street, office bldg., e	rm, 20f. (Cit	ly or town)	(C	ounly) (Stole)
21. I certify th	at I attended the	deceas	ed from May 7		_, 19_58 to_	Sch	1 1 1 1950	that I le	ast saw the deceased
alive on	SUST M	105			curred at 2:00				e date stated above
direction of	200 1 1X		, and mar det	uiii oc	corred or seem		Street, city or town,		DATE SIGNE
ACTUAL SIGNATURE	12/11	No		M.D.					9/18/58
PHYSICIAN'S NAME (Type)	C. H. Ligo	n. M	D.		Sandy	Sprin	g. Maryla	and	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREO	58	22c. NAME OF CEMETER	Y OR CE	REMATORY ,	224 100	ATION (City, lown,	ar county)	y States and
23. FUNIERAA DIRECTOR	S SIGNATURE	ale.	ADDRESS ADDRESS	10	24a. REG	C. SEP. 2	TRAP 24b. REG	STRAR'S SIG	NATURE S. Traces
I WWW	4.0.0170	MM	1000000	U	DATE				

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	pelaci nomb		

3.0000	OEKIII 107		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived on STATE Maryland	d. Il institution, Residence & b. COUNTY Montg	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olnev	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corporate I	mits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (II not in haspitol, give street of OR INSTITUTION Montg. Co. Ger		d. STREET ADDRESS RFD # 3 Mt.	Airy	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) Done.	S. Mullin	tost 4. DATE OF DEATH	Month Sept. 7	Day Year 1958
Female White WIDOWE	D DIVORCED	Jan.29,1884	t pirthday) Months Do	EAR IF UNDER 24 HRS. bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired) Housewife	Own Home	Clarksburg, Md.		N OF WHAT COUNTRY
James E. King		Addie C. Hur	Ley	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) NO (If yes, give wor or dates of service)		NFORMANT laude G. Mullinix	Address	Md.
Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause last. DUE TO Car (b) DUE TO Car (c)	dio-Vascula Hyperte	eral Arteriosclero r-Henal Disease c	sis	July 9,19 10 yes. 20 yes.
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I ar Part II al		PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While p. m. 19 at wark	Nat while fac	ACE OF INJURY (Home, farm, 20f. (City ar to ctary, street, office bldg., etc.)	wn) (Coul	nty) (Stote)
21. I certify that I attended the decease alive on Sept. 6, 195 ACTUAL SIGNATURE M. McKendree Bo PHYSICIAN'S		accurred 5:16: Am Mirom the	er 72 1958: I last causes and an the city or town, state)	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		(City, tawn, or caunty)	(State)
Burial Sept. 9, 1958 23. FUNERAL DIRECTOR'S SIGNATURE Lin L Wolsownt	Howard LADDRESS Damascu	24g, REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNA Onthur 8. f	ATURE

ofter death. Page 4 e funeral director, nould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be relatived by the hospital or attending physician.

TO FUNERAL COOR: After this certificate has been signed by the attending physician and completely filled in page 3 shawnone detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

	10392 CERTIFICATE OF DEATH
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1100.00	Property of the second
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89/1/6	STANDARD BUT BEING TO A STANDARD AND
	transfer our comment of the comment
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

393	CERTIFICATE	OF	D
1.7.7			

	1039	13	CERTIF	ICA	E OF D	EATH	1		Reg. D	ist. No	, 215	
a. COUNTY Mont	tgomery		MARYL	1	USUAL RESIDI	ence (Wh	ere decease	d lived. If institut b. COUNTY		ence befo	ore admiss	ion)
b. CITY OR TOWN (II RURAL and give ne Bethesda	f outside corporote limi corest town) (Rural)	ls, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO	OWN (If o	utside corpo	rote limits, write I	RURAL and	give ne	grest town)
OR INSTITUTION	AL (If not in hospital, sal Hospital		oddress)		d. STREET AD	DRESS						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Elizabe	-	Ann Middle	MU	lost SPRATT		4. DATE OF DEATH	Septe		30		Yeor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		arch 30,	195	8	9. AGE (In years lost birthdoy) yrs.	Months		Hours	R 24 HRS. Min.
10o. USUAL OCCUPATIO during most of work None	DN (Give kind of work king life, even if retired	done 10b.	None	INDUSTR	Delav		ar foreign c	ountry)		J.S.		COUNTR
13. FATHER'S NAME Paul Alexa	ander MUSPI	RATT			Lore to			PULLEN				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. None		er, Pat	ıl A.	Musp	ratt, sa	iress Me as	#2		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate DUE TO	Te	ne for (o), (b), and (c).]	Fallo	ot						ERVAL BE	DEATH
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING	HER SIGNIFICANT CON		CRIBE HOW INJURY OC						VEN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED? NO
20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Yee	While	NJURY OCCURRED 2 Not while k of work	foctor	OF INJURY (Hey, street, office I	ome, farm bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
	-30 Emcle	deceas _, 19_5	ed from 9-24-	death o	v. s.	2:40F	ADDRESS (SI	n the causes of treet, city or town, spital,	state)	last s	te stote	ed abov
220. BURIAL, CREMATION REMOVAL (Specify) BUT 121	10-5-58	_	22c. NAME OF CEMET Silver B	rook	Cemeter	_	Wil	TION (City, town, mington	or county)		(Stot	
Adams Fun	eral Home,	4748	ADDRESS Wash Wisconsin			Ma. REC'I	- 1000	RAR 24b. REGI	STRAR'S S	10		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral directar, uld be filed with by the haspital ar attending physician.

ETOR: After this certificate has been signed by the attending physician and campletely filled eletached far use as the burial-transit permit. Then please remave carban papers. Pages 1 is detached far use as the burial-transit permit. may be retained by the haspital ar attending physician.

TO FUNERAL (** CTOR: After this certificate has been signed by page 3 shouthere detached for use as the burial-transit permit, the registrar priar to burial, cremation, ar remaval, and in any TO HOSPITAL OR

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VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the cartificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the States and of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before admission)
	o. COUNTY MON TO MARYLAND	o. STATE b. COUNTY	- +
	b. CITY OR TOWN (If outside torporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give Assert town)
	and give pearest town)	010	ild give/leorest lowil)
/-	Cherry Chase 12 yrs	X Chery Chase	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street boddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	4105 Sycamore st	4105 Sycamore St	YES NO NO
3	NAME OF DECEASED First Middle	Lost 4 DATE Month	Doy Yeor
	(Type or print) LILIAN thaugh Mu	choll DEATH SEAN SE	1958
5	SEX 6. COLOR OR RACE 7. MARRIED NEER MARRIED 8.	DATE OF BIRTH 9. AGE IN years IF UNDE	R TYEAR IF UNDER 24 HRS.
	Sewal white WIDOWED DIVORCED	6-9-1902 56 yrs. Months	Days Hours Min.
1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
	during post of working life, even if retired)	ml	1101
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4-5.4
	11M 1/2	A	
-	10'2 Haigh	Lellin Cot	
	5. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. IN	Address Address	. 0 -
	No NONE Jo	in Necholl . 3508 O ST, U	Jash. De
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lewon hour		Found
	DUE TO	r	2 .
		1 1.11 115.14	tead in
	Conditions, if ony, which gave rise to immediate couse	left wrest	buth room
	(o), stating the underlying DUE TO		at home
	couse lost, (c)		
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(6) 19. WAS AUTOPSY PERFORMED?
	Multiple Bolesan 300	Lang.	YES NO NO
		nter nature of injury in Port I or Part II of item 18.)	
	PRIMARY CONTRIBUTING TO CAUSE OF DEATH.	10. +: 10.14 10. A	
	20c, TIME OF INJURY Month, Doy, Year Lod, INJURY OCCURRED 20e. PLAC	F OF INITITY (Home form 120) (City or lown)	ounty) (Stote)
		ory, street, office bldg(-etc.)	(31014)
		home they chose h	enty int
	21. I certify that I took charge of the remains described above	ve, held on Autopsy, Inspection, Inqui	iry and in my
	opinion deoth resulted from: Notural couses . Accident	, Suicide , Homicide , Undetermined	monner
	1 1 1		
	SIGNATURE Troub O Most hout	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	The state of the s	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S FLANK J. Brogchart	DEPUTY MEDICAL EXAMINER 13 9-3	0-58
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, fown, or county)	(State)
	Burial 10-3-58 Arlington M		77
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ational Cem. Arlington, [240. REC'D BY REGISTRAR'S SI	Virgania
1	ROBERT A. PUMPHREY Bethesda, M	Ad.	- CONTONE
	TODDICT III TOTAL	DATEUR 2 58 CT 2 9 d	4

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Reg. Dist. No.

CERTIFICATE OF DEATH DEATH 10395

		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED	
COUNTY Monte	MARYLAND	STATE ?	COUNTY		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside con	orate limits, write RURAL end giv	a naarest town)	
OR end giva nearest lown) TOWN	(in this place)	Y TOWN	?		
HOSPITAL OR Marilea Rest	Kall. Syrs Home.	STREET	(If rural give loca	tion)	10
STREET ADDRESS 14571 COT STILL	14.Rd				
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Month)	(Dey)	(Year)
(Type or Print)			DEATH Sen	ot 27	19 58
5. SEX 6. COLOR OR 7. SINGLE, MA		OF BIRTH			IF UNDER 24 H
RACE WIDOWED.	DIVORCED,		81 Mon		Hours Min
			- Jis.		
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eiga country)	12. CITIZEN	
retired)			7	TIS	A
13. FATHER'S NAME	10000	14. MOTHER'S MAIDEN	NAME		**
?			?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17. INFORMANT &	ADDRESS	E 127 .	BLDG
(Yas, no, or unk.) (If Yes, give wer or detas of service)	to: Social Seconari No.		ward Thomas.		
		r no	laru Inomas.	DITAGI	rsprin
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18, MEDICAL CI	ERTIFICATION		INTER	VA BETWEEN
I DISEASES OR CONDITIONS DIRECTED LEADING TO DEAL		057/	1 -	ONSE	AND DEATH
23/X IMMEDIATE CAUSE (A)	ente	Vanc.	Va Cina. Vi	-	5 mp.
		The same and the s		400) CICRY
ANTECEDENT CAUSE(S) DUE TO	7 01	0	50		O CEL
DISEASES OR CONDITIONS, IF ANY, (B)	Zwely	el ale	wind.	4.2	Tien
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Freely	el ate	us so	4.3	Jeen !
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DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Junely	el ali	ui so	2	nen
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DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Development of the second of t	el ali	ic so	20.	AUTOPSY?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDING OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2	ome, ferm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCI		YES	□ NO □
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DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. e 22. I hereby certify that I attended the declarity on the contribution of the contribut	ome, ferm, fectory, t, office bldg., etc.) ie. INJURY OCCURRED thile Not while t work et work ceased from	21f. HOW DID INJURY OCCU	causes and on the date : RESS (Street, city, town, state LOGATION (City, town, or city)	(County) at I last saw stated above pounty)	(State) the decease ATE SIGNE
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19 DATE OF OPERATION 19 MAJOR FINDING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. e 22. I hereby certify that I attended the declaration. 23. BURIAL, CREMATION, DATE JEFFEOF	ome, ferm, fectory, t, office bldg., etc.) te. INJURY OCCURRED Not while et work ceased from M.D. NAME OF CEMETERY C	21f. HOW DID INJURY OCCU	causes and on the date : RESS (Street, city, town, state LOGATION (City, town, or co	(County) at I last saw stated above pounty)	(State) the decease ATE SIGNE

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OF CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 10/57

Reg. Dist. No

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO

> > (State)

(County)

that I last saw the deceased

(State)

e. IS RESIDENCE

ON A FARM? YES NO TO

Year

58 19

Months

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may be retain.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10397 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY Monte	comery		MARY	LAND	2. USUAL RESID	ict o	ere deceased	lived. If institution to the country ambia	an: Residence	before o	dmission	n)
	b. CITY OR TOWN (If	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If o	utside corpor	ote limits, write R	URAL ond gi	ve neares	t town)	
/ 1	Bethesda	rest town)		57 days		Washi	ngton		47	X-3			
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street			d. STREET A	DDRESS				e. 1	S RESID	ENCE
L		1 Center.	Beth	esda 14. M	d.	2915	Conne	cticut	t Avenue	. N. W	. Y	ES 🗍	
	NAME OF DECEASED	Fir		Middle		Los		4. DATE OF	Man		Day	Ye	ar
	(Type or print)	James		William		O 'Har	a .Sr.	DEATH	Sept	ember	4.	19	58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTI			9. AGE (In years last birthday)	IF UNDER 1			7-40-
]	Male	White	WIDOW	ED DIVORCE	0	17 July	1887		71 yrs.	Months D	Days H	ours	Min.
100	USUAL OCCUPATION	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF V	VHAT C	OUNTRY
-	raffic Age			Railroad		New	York				U.S	.A.	
	FATHER'S NAME				2011	14. MOTHER'S		IAME					
	James J. O'	Hara				Elle	n Kel	70					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. 11				Record Add	ress			
(11	ves (I	f yes, give wor or dates of s WW I		06-14-8228					Bethes		Mar	vlar	nd
CERTIFICATION	PART 1. DEAT Conditions, if an gove rise to im cause (a), stating to lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which the under: CER SIGNIFICANT CON UNDERLYING CAUSE OF DEATH	LA DITIONS	performed (c). Springer Springer Softributing to December (C)	ATH BUT) THE TERMI	NAL DISEASE			F	reel	UTOPSY MED?
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	20d. II While at wor	NJURY OCCURRED Not while k of work	20e. PL/ foc	ACE OF INJURY (I tory, street, office	Home, farm, bldg., etc.	, 20f. (City	or town)	{Co	ounty)		(State)
20.	alive an Septe ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ember 4 gene 3. ugene B. F	Heige!	ge lack Ison, M. D.	death	occurred of M.D. The Nat Bet	9:551 Clin tional	P.M. from ADDRESS (SM lical (Inst	er 4 1958 the causes of cert, city or lown, Center itutes of Maryland	ond an the state) f Heal	e date	stated DAT 9/5	
1220	REMOVAL (Specify)			22c. NAME OF CEM	ETERY OF	R CREMATORY		ZZd. LOCAT	ION (City, town,	or county)		(Stote)	
22	FUNERAL DIRECTOR'S	9-8-58	0	SS PETE	- S- C	PAUL CT		EL	TRA.	CTD 4 DIO 415		N.	Y .
23.	FRANCIS	COLL	Boll.	cara.	St.	M.W.	DATSEP	BY REGISTION 8 '58		Clour S. &			

	BIF RENDESTRATE		Mizami state omalyna	
			TIMES CENTRO	
	the fact director			
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	10.0	, 2.21 = 1 % Wilson		
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	Profession Line			
78.16 (10.16.18)	3-41)			
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		TENER OF THE STATE OF		

il director, filed with Poge 1. PLACE OF DEATH a. COUNTY after death. funerol b. CITY OR TOWN (If out RURAt and give nearest pinor d. NAME OF HOSPITAL (H OR INSTITUTION ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours NAME OF DECEASED ond completely filled Pages 1 (Type or print) 5. SEX 6. 0 popers. 10a. USUAL OCCUPATION (G death. during mast of working li ease remove carbon 13. FATHER'S NAME within 72 hours ofter offending physicion 15. WAS DECEASED EVER IN 18. CAUSE OF DEATH the offer Then pla PART I. DEATH W event 450.0 þ detoched for use as the buriol-tronsit permit. to burial, cremotian, or remaval, and in any Conditions, if any, w CTOR: After this certificate hos been signed gave rise to immed cause (a), stating the u lying cause last. or attending physicion CATION PART II. OTHER SI 0 20g. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED) CERTIFI MEDICAL 20c. TIME OF INJURY M Hour a. fl. p. m by the hospitol alive an ACTUAL the registrar prior SIGNATURE TO FUNERAL POSSES 3 Should be selected as the TO HOSPITAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION

MARYLAND STATE DEPARTM	ENT OF HEALTH-BALT	IMORE, 18	
10398 CERTIFICA	ATE OF DEATH	Reg. Dist. N	. 10378
TGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY Repidence be	fare admission)
de carporote limits, write c. LENGTH OF STAY IN 1b (1946)	c. CITY OR TOWN (If ourside corpore	ote limits, write RURAL and give n	earest town)
not in hospital, give street address) EWOOD AVE	10617-EDGEWE	GOD AVE	e. IS RESIDENCE ON A FARM? YES NO
First P Middle	O'HARA DEATH	Month (9 19 5 8
OLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	NOV 25, 1881	P. AGE (In years IF UNDER 1 YEAR last birthday) yrs. Manths Days	R IF UNDER 24 HRS. Haurs Min.
ive kind of work done 10b. MND OF BUSINESS OR INDU WHOLE SALE BUS	,	MASS. 12. CITIZEN	OF WHAT COUNTRY?
· O'HARA	14. MOTHER'S MAIDEN PAME	AHUE	
J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NORMANT FURD -	Address 10617-EDGEW	los Ave.
Enter only one cause per line far (a), (b), and (c).] AS CAUSED BY: EDIATE CAUSE (a) DUE TO	ASPIRATION	10	TERVAL BETWEEN USET AND DEATH
	EROTIC SEA	SILITY	4 VRS
GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT			19. WAS AUTOPSY PERFORMED? YES NO
ADE OF DEATH CAL EXAMINER)	D. (Enter nature of injury in Part I or Part		
onth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City of cory, street, office bldg., etc.)	or town) (Count)	(State)

at work ot work 19.58, to_ 19.5 athat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 8 15 PM, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, tawn, or county) (State) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Einthur S. House DATE

VS A15 (4)

after death. Page 4 may be retained by the hospital or attending physician. Yellow The transfer of the hospital or attending physician. Yellow The transfer of the hospital or attending physician. Yellow The transfer of the hospital or attending the property of the place of the property. The page 3 shault be filled in the registrar prior to burial, are remayed, and in any event within 72 haurs offer offer to burial, are remayed, and in any event within 72 haurs offer offer to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

***************************************		11134
10399	CERTIFICATE OF DEATH	Reg. Dist. No.

										_	
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDEN	ICE (Where de		If institution. COUNTY	on: Residen	ce before	odmiss	sion)
	TGOMERY			MA	RYLANI				rgom		
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, represt town)	write	c. LENGTH OF STAY IN 18	c. CITY OR TOV	WN (If outside	corporate lin	nits, write R	URAL ond	give neare	st town	1)
	R SPRING		3 YRS.	56 S	DLVER	SPRI	NG				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street		d. STREET ADD	RESS				e.		IDENCE
0001	FLOWER AVE	TITE		1 0	904 FI	LOWER	AVE	TITE			FARM?
3. NAME OF	First		Middle		4. D						
DECEASED				Lost	0	F	Mon	th	Day		Yeor
(Type or print)	ANDRE		F.	OTT	DI	EATH	9		26		19 58
5. SEX	6. COLOR OR RACE	7. MARI	IED NEVER MARRIED	8. DATE OF BIRTH		9. AG	E (In years birthdoy)	Months Months	1 YEAR IF		
MALE	WHITE	WIDOW	DIVORCED [2-1-86			72 yrs.	Months	Doys I	Hours	Min.
0a. USUAL OCCUPATI	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OR INI		E (State or fore	eign country)		12. CIT	IZEN OF	WHAT	COUNTRY?
	rking life, even if retired) d Machanis	. 4		MAD	VT.AND				TT 4	a	A
3. FATHER'S NAME	u macmanis	y ų		14. MOTHER'S MA					Ue	S.	As
				14. MOTHER 3 MI	HIDEIA IAVME						
	OHN OTT				I	LOUIS	E SCI	TULE	{		
5. WAS DECEASED EVI Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of service)		SOCIAL SECURITY NO. 17	. INFORMANT			Add	SILV	VER S	SPF	RING, N
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		216-32-9167	MRS. S.M.	DEFFI	INBATT	3H 89				Ave.
18. CAUSE OF DE	ATH [Enter only one cou					0					TWEEN
	ATH WAS CAUSED BY:		Mine	1 1 (24		-				DEATH
1,1001	IMMEDIATE CAUSE (o)_		11010	carreyay	010	Much	020)		n	ddu
420.1	DUE TO		1 0	01/2	4	/					
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gove rise to i			1 h	10 /	1 -	1				-	
lying couse lost.		/	tenerale	ed //11	ULKS	2000	7		1/0	00	220
PART II. OT	HER SIGNIFICANT COND	TIONS (ONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL D	ISEASE CON	DITION GIV	EN IN PAR	T 1(a) 19	WAS	AUTOPSY
		1						211 111 1711		PERFC	RMED?
O ACCIDENT	45 10 1050 1010 10 10	OL DEC	COURS 110111 W 1111101 O CO. 10	DED 45			. 10.1		,	IES [NO 🗌
(IF EITHER, NOTIFY	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	VD. DES	CRIBE HOW INJURY OCCUR	KED. (Enler nature of in	ijury in Port 1 c	or Port II of 1	tem 18.]				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year		NJURY OCCURRED 20e.	PLACE OF INJURY (Hon	ne, form, 20f.	. (City or tov	(n)	(4	County)	1000	(Stole)
Hour o.m.	19	While of wor	TAOL WILLE	factory, street, office bl	dg., etc.)						
			1/-	-11	- 1	1-	1				
21. I certify the	hat I attended the	deceas	ed from(2/_30_	1994	10-18/	26	., 1952	.,that I	last saw	/ the	deceased
alive an	1/26	., 19/3	5_d_, and that dea	th accurred at 1	2/[FM,	fram the	causes o	ind on th	he date	state	ed abave.
	(A)	/	1.			ESS (Street, c)			,		ATE SIGNED
ACTUAL SIGNATURE	A (UX)	01	nukli	40 570	0/-1	3/1	X	XX.	01.		
31014ATORE	1			_ m.b)	96	<i>g</i>				
PHYSICIAN'S NAME (Type)	A.C.LI	50	NARPO	2							
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	22d. l	LOCATION (City, town, o	or county)		(Stot	e)
REMOVAL (Specify)	9-29-58	,	Ft. Line	lan Camat		-			Mon	-	_
3. FUNERAL DIRECTOR				lon Cemet	O REC'D BY R		ensbi	STRAR'S SIG	Mary	ATR	illu.
	7.1.4	solli	MASH.					_			
FRANCIS	J. COLLINS	382	1 14th, St	. N. W. D.	ATE SEP 3	0 '58	a	thung S.	, Thall	-	

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VS A15 (4) 15M 10/57

	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
	10290	CERTIFICATE OF DEATH	R
ACE OF DEATH	1	2. USUAL RESIDENCE (Where deceased lived. If insti	tution:

CERTIFICATE OF DEATH

10380

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (If cutside corporate limit), write c. LENGTH OF STAY IN 16 RURAL and give nearest loyal	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park Do A.	ADELPHI 16 X - 2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES IN NO
Wash. Samilariun Trosp.	
3. NAME OF DECEASED (Type or print) PAPELS NAME OF DECEASED (Type or print) PAPELS NAME OF DECEASED NAME OF	N Pab bas DEATH G 9 1958
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	3-3 98 lost birthday) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDIcation of working life, even if relired)	C
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Peter ? John - Pappas	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Ver. no. or unknown) (If yes, give wor or dates of service) 195-09-4339	John Pappa 5 Halph Riggs Rd.
18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cardia & Sociluse ONSET AND DEATH
434 LA DUE TO	to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if ony, which) (b) Cardiac by	pertroply + untral regury tutin
gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c) Splitting	hypertension 2 years
CATIC	T NOT REVALED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES M NO
200. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 9/5	, 1958, ta 9/9, 1958, that I last saw the deceased
alive an, 19, and that deat	The state of the s
SIGNATURE general	M.D. 9/8 alice together Diva East 9/10/5
PHYSICIAN'S EINO MAGI	Silver Spring land land
220. BURIAL CREMATION, REMOVAL (Specify) 9/12/58 PT. LINCOLN C	DR CREMATORY 22d. OCATION (City Jown, or county) (Stole) PRINCE GEORGE COUNTY, MD.
B. FUNERAL DIRECTOR'S SIGNATURE Juska, SILVER SPRING	G, MD. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 5 '58 Orthog S. Kraus

DATE

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CERTIFICATE OF DEATH 10400 Reg. Dist. No. with director Page . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) filed a. COUNTY o. STATE b. COUNTY MARYLAND Montgomery New Jersey Union death. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) P Bethesda Plainfield d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda lu. Md. 203 View Avenue YES NO .= 50 NAME OF Middle 4. DATE Yeor filled DECEASED DEATH (Type or print) Francine none Pascale September 19 58 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH completely lost birthdoy) Months Hours December 27, 1932 Female White WIDOWED | DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office Working life, even if retired) Office Work U.S.A. New Jersey puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Pascale Loretta Pearly 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No The Clinical Center, Bethesda lt. Maryland unknown offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)_ P Left subclavan pulmonary arte Conditions, if any, which te has been signed burial-transit permi gove rise to immediate couse (o), stoting the underond Disease. Tetralogy of Fallot lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) certificate 00 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) O. m While Not while of work of work September 419 21. I certify that I attended the deceased from August 17 that I last saw the deceased PM, from the causes and an the date stated above and that death occurred at 3:10 September 80 ADDRESS (Street, city or town, state) det by U ACTUAL The Clinical Center 5/58 National Institutes of Health reto PHYSICIAN'S RAL Perryman Collins, M. D. Bethesda 14. Maryland NAME (Type) FUNER! 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) he Holy Redeemer Plainfield. New 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland DATE SEP 9 VS A15 (4) Robert A. Pumphrey 15M 10/57

hours

certificate

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	DA.
sized by the hospital or attending physician.	\$
The principle and present against the principle and completely miss of the principle and the principle	ĺ
be detached for use os the buriol-transit permit. Then please remove corbon popers. Poges I a put should be with	,
prior to buriol, cremation, or remayol, and in any event within 72 hours after death.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0402	CERTIFICATE	OF	DEATH
114117	CERTIFICATE	01	PEAII

Reg. Dist. No. 10382

1, PLACE OF DEATH o. COUNTY	Montgomerv		MAR	YLAND	2. USUAL RESIDENCE o. STATE Virginia		e deceased	lived. If instituti b. COUNTY			e odmiss	ion)
b. CITY OR TOWN	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		side corpor	ote limits, write R	Fair URAL ond		rest town	1)
RURAL ond give n Bethesda	eorest town)		13 days		Falls Ch			(7)	1X.3			4
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDR	7 47 6	*			1	. IS RES	IDENCE FARM?
The Clinic	cal Center.	Beth	esda lh. 1	Md.	1318 Che	estni	it St	reet				NO 🗔
3. NAME OF DECEASED	Fir	st	Middle	,	Lost		. DATE	Mor	ılh	Doy	,	Yeor
(Type or print)	Fran		Ray		Payne		DEATH	Septemb	er	16		1958
5. SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRI	IED 🔲	8. DATE OF BIRTH			9. AGE (In years lost birthday)				
Male	White	WIDOW	_	_	January 1,	192	21	37 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or	fareign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
Bus Driver			ransportat	ion	Virgini	a				U.S	.A.	
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NA	ME					
Inmon H. 1	Payne				Goldie	Stic	kles					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. 1	NFORMANT The	Medi	cal F	Record Add	ress			
no			1-12-9548	T	ne Clinical	Cer	iter.	Bethesd	a 14.	Mar	vlar	nd
	ATH [Enter only one co		e for (a), (b), and (c)		4.4						RVAL BE	
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	aui	to Puln	nan	any Ecle	na	,			2	201	ninute
416x	DUE TO		+.	1	1111	1 1 1				1		4
Conditions, if o		Ca	ngestive) (4	chal ta	ulu	ne			1	mo.	ners
gave rise to i		01	0 +	11	+ 7.				147		2	
lying cause lost.	(0	the	unain	Her	cal offer	elax	12)			*		
O PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 15	PEREC	AUTOPSY RMED?
3 Tasse	we da	enn	eus Cer	M	asis							NO 🗆
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY C	CCURRE	D. (Enter nature of inju	ury in Po	rt I or Part	II of item 18.)		N.		114
	RY Month, Doy, Ye	or 20d. IN	JURY OCCURRED	20e. PL	ACE OF INJURY (Home	e, farm,	20f. (City	or tawn)	(County)		(State)
Hour o.m.	19	While at work	Not while	10	ctory, street, office bldg	g., etc.)						
21 1 certify th	nat I attended the	decease	od from Septe	mber	3 10 58 10	Ser	tembe	r 7610 58	3 that I	last sa	the	decented
glive on Ser	tember 16.	19	58 and that	death	occurred of 2:1	LO A	M from	the course of	end on t	ha dat	w me	deceased
1	^		ul'a	acan	occorred of			eet, city or town,		ile doi	, DA	ATE SIGNED
ACTUAL SIGNATURE SE	an Nona	ed;	helson)	The Cl					9	/16/	58
					Nation	nal I	nsti	tutes of	Heal	th		
PHYSICIAN'S J	ean Donald	Wilso	on, M. D.		Bethes	da	Li. Ma	aryland				
220. BURIAL, CREMATIC	N. 226. DATE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY	2	2d. LOCATI	ION (City, town,	or county)		(State	e)
BEMOVAL (Specify	9-19-5	8.	Hillsbe	oro			H	lllsbor	0. V	ire	int	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	2177	240		BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATUR	E	
Money +	King to	ines	al Home	-,	DAT	SEP 1	9, 758.	art	hun S.	Trave		
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

10/	CERTIFIE	CATE OF DEATH	Reg. Dist. N	lo.
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAN	CTATE -	used lived. If institution: Residence be b. COUNTY	efore admission)
b. CITY OR TOWN (If outside corporole RURAL and give nearest town)	e limils, write c. LENGTH OF STAY IN		porate limits, write RURAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION	tal, give street address)	d. STREET ADDRESS	4/1/3-3	e. IS RESIDENCE
Carroll Hall San	Itarium	5226 MacArthu	r Blvd. N.W.	YES NO
3. NAME OF DECEASED (Type or print) BEU	First Middle	PENDILL 4. DATE OF DEAT	Month TH SEPT 2	Day Year 1958
	ACE 7. MARRIED NEVER MARRIED		Local bookbaland	AR IF UNDER 24 HRS.
female white			73 yrs.	s Hours Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re	rork done 10b. KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE (State or foreign	country) 12. CITIZEN	OF WHAT COUNTRY
Housewife 13. FATHER'S NAME		Michigan	U.	S. A.
		14. MOTHER'S MAIDEN NAME		
Raymond Rogers s. was deceased ever in u. s. armed	FORCES? 16. SOCIAL SECURITY NO. 11	Ruby Shedd	Address Wash	ington D
(Yes, no, or unknown) (If yes, give war or date				
IR CAUSE OF DEATH (Enter only or	ne cause per line for (a), (b), and (c).]	Vivian M. Strub		
PART I. DEATH WAS CAUSED	BY: A - D - D D	1. TURAN	DICIC O	NTERVAL BETWEEN .
4.43× DU	SE (a) CONCINTA	- KI THION	120010	
Conditions, if any, which)	HVPFRTFA	ISIVE HEART	DISEASE	
gove rise to immediate	(b) / / C / C / C		<i>V</i> 1001,000	
lying cause last.	(c) ESSENTIA	+L HYPER	TENSION	
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
5	PERICAR DI	TIS WITH E	FFUSION	YES NO
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	ATHI	RRED. (Enter noture of injury in Port 1 or P	ort II of item 18.)	
20c. TIME OF INJURY Month, Day, Hour a. p.	Year 20d. INJURY OCCURRED 20e White Not white of work of work	PLACE OF INJURY (Home, farm, 20f. (C foctory, street, office bldg., etc.)	ity or town) (Count	y) (State)
21. I certify that I attended	the deceased from APR	14 3 19 58 to SEPT	26, 1938, that I last	saw the deceases
alive on SEPT 126		ath occurred at 14 PM, fro	om the causes and on the d	late stated above
11	1		(Street, city or town, state)	DATE SIGNED
SIGNATURE Aluny	by foudly	M.D. 520	6 NORWAY	019/1/3
PHYSICIAN'S NAME (Type)		\mathcal{C}	HEUY CHAS	SE, MO
20. BURIAL, CREMATION, 22b. DATE THE	EREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOC	ATION (City, town, or county)	(Stote)
Removal 9/27/	58 Burlingto	n Cemetery Bur	lington Michi	gan
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS HE	CADA (4) 240. REC'D BY REGI	0 150	
- w x 17 1 / ML	e. 270194.	A. M. M. MOLIATEL JEG Z	9 '58 Chilling & of	Tene

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are partial and with on the product of the other Co. The first	[1] Z. J. J. N. Charles and M. Linner, J. S. Harris, J. J. S. Linner, Phys. Lett. B 5, 120 (1992). [1] Z. Linner, R. S. Linner, Phys. Lett. B 5, 120 (1992).
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10404 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH	V		MARYLANG		USUAL RESIDENCE (V		b. COUNTY		ce before o	odmission)
-		Montgomery f outside corporate limi	te conite	L. IEMOTU OF STAN IN TH		District		OURIE TO PERSON			
P	RURAL and give no	r ourside corporate time earest town)	is, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (II	oulside carpa	rote limits, write R	URAL ond g	give neares	t town)
	Bethesda			38 Days		Washingto	n	4	/X-3	5	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				е.	IS RESIDENCE ON A FARM?
L	The Clinic	cal Center,	Bet	hesda lli, Md.		14 Quincy	Place	N. W.			ES NO
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon		Day	Year
1	(Type or print)	Su	ldie	Mae		Phillips	OF DEATH	Septer	nber	4	1958
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
L	Female	Negro	WIDOW		1	January 22	, 1922	36 yrs.	Months	Doys H	lours Min.
10	during most of worl	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	USTRY	11. BIRTHPLACE (Sto	te ar fareign c	ountry)	12. CIT	IZEN OF V	WHAT COUNTRY
	Seamstres	7		pholstering		North	Caroli	na	I	J. S.	A.
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
	George W.	Phillips				Lena Murp	hy				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFO	RMANT The Me	dical	Record Add	ress		
1	No	(it yes, give war or oaies or s		1 4 . 1 4		Clinical				Mar	yland
F	IB. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						INTERV	AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	. C	ancestus	4	EART FA	:/1105	-		ONSET	AND DEATH
	4581	DUE TO		on es ive	-	GISTON FAI	770766				
	6-20-0			Anotin 7	_	Crie	- 10				
	Canditions, if a	mmediate		VORITE I	-10	50/-1-10	10WE	7			
	cause (a), stating lying cause last.		,	MARFAN	5	Sond,	come			-	36 zn
Z	PART II. OTH		,	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	FN IN PAR	T 1(a) 19.	WAS AUTOPSY
CATIC										1	PERFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury i	n Part I ar Par	t II of item 18.)			
13	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, fa	rm, 20f. (City	or town)	10	County)	(State)
MEDICAL	Haur a. m. p. m.	19	While at war	Nat while	factory	, street, affice bldg., e	fc.)				
	21. I certify th	ot I ottended the	deceas	ed from July	28	19 58, to S	eptemb	er 4, 19 58	3.thot	last sow	the decease
	alive on_Set	otember h	19	58 and that dea	th oc	curred at 5 : 05					
		1) /	///	1 011	_	corred displaying		treet, city ar tawn,		ie dale	DATE SIGNE
	ACTUAL DI	de It	Into	In ML		The Clin				0	/5/58
	SIGNATURE	W VIOV	uu	11.	M.D.	National		tutes of	Healt	-h2	12120
	PHYSICIAN'S NAME (Type)	John A. O	ates.	Jr., M.D.		Bethesda		aryland	1100T	011	
22	o. BURIAL, CREMATIO	N. 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR			TION (City, town,	or county)		(State)
	REMOVAL (Specify)	9-7-5	8	Ches	-1		a	seen	h	. ((5.5.0)
23	FUNERAL DIRECTOR	S SIGNATURE,	-	ADDRESS	10	1 24a. RE	C'D BY REGIS	RAR 24b. REGI	STRAR'S SIC	GNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10405

CERTIFICATE OF DEATH

- 00	keg. Dist. No.
1. PLACE OF DEATH MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. NATE yland b. COUNTY Manta.
5-LIN OR FOWN (If outside experate limits write c. LENGTH OF STAY IN 16 Chevy Chese Md.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. street address 5123 Worthington Drive •. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary Edna Findell	Lost 4. DATE Month 12 Day Year OF DEATH Sept 12 1958
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE/(In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2/27/88 9. AGE/(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Stephens	Caroline Beecher
tV	Address .lliam Hamilton Pindell same as #2
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Citalle hear Hamiltonian Conditions, if any, which gove rise to immediate couse (c), stoting the under-lying couse lost. DUE TO Confidence of the country of the co	A failure interval BETWEEN ONSET AND DEATH ONS
3 Has been in Chronic failure	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO. (Enter noture of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED loc	ACE OF INJURY (Home, Iorm. 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
ACTUAL OP RUPELLE	accurred at 5/2 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED W.D. 2400 - 49th St., N. W. Washington 16, D. C
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
23. FUNERAL DIRECTOR'S SIGNATURE 2901 ADPRESED St. The S.H. Hines Co. Waghington O.	N.W. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 5 '58 Arthur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTHMORE 18

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is rexecute the crafficate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be varded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL CARECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State bor its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MARDICAL EVALUEDIS CEDTIEICATE OF DEATH

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			1. USUAL RESIDERCE (AAuete Gereozed Haed	is institution: Re	sidence before	admission)
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RY Month, Doy, Year			ACE OF INJURY (Home, tar ctory, street, affice bldg., et	m, 120f. (City or fown	1)	(County)	(State
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S SIGNATURE	A AL	DORESS	240. REC	BEP 8 58 58	24b. REGISTRAR'S	SIGNATURE	
THE PARTY OF THE P	AL OR INSTITUTION (IF AT OR INSTITUTION (IF AT OR INSTITUTION (IF AT OR INSTITUTION (IF AT OR INSTITUTION (IF First Phy 6. COLOR OR RACE Colored ON (Give kind of work do ng life, even if refired) CATTOLL Will VER IN U. S. ARMED FOR (If yes, give wor or dotes of se ATH [Enter only one cause IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO ONLY, which INITIAL CAUSE (o) DUE TO ONLY, which INITIAL CAUSE (o) DUE TO ONLY, which INITIAL CAUSE ONLY INTRIBUTING (C) HER SIGNIFICANT COND ONLY INTRIBUTING (C) That I taok charge resulted fram: ONLY ANALY TO THE ANALY THE ANALY	TOURISH TO THE RECE TO THE RESULT ON 1220 DATE, THEREOF 1220. NA THE RECE TO THE RESULT ON 1220 DATE, THEREOF 1220. NA THEREO	Colored WIDOWED DIVORCED ON COLOR OR RACE TO MARRIED NEVER MARRIED DIVORCED ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTING WIF yes, give wor or doller of service) THE Enter only one cause per line for (a), (b), and (c). The WAS CAUSED BY: IMMEDIATE CAUSE (b) OUE TO OUSE WAS NOTED TO DESCRIBE HOW INJURY OCCURRED. INTERIBUTING DIVORCED TO While Not while of work of the resulted fram: Natural causes Accident Many Was Charge of the remains described ab resulted fram: Natural causes Accident ON, 1220, DATE, THEREOF 122c. NAME OF CEMETERY OF 122c. NAME O	TO DUE TO STREET ADDRESS ALL OR INSTITUTION (If not in hospital, give street oddress) ALL OR INSTITUTION (If not hospital, give street oddress) ALL OR INSTITUTION (If not in hospital, give street oddress) ALL OR INSTITUTION (If not hospital, give street oddress) ALL OR INSTITUTION (If not hospital, give street oddress) ALL OR INSTITUTION (If not hospital, give street,	Description composite limits, write EUEAL C. LENGTH OF STAY IN 16 D. O. A. Boyds AL OR INSTITUTION (If not in hospital, give street oddress) ALOR INSTITUTION (IS OUT INSTITUTION (IS	Colored Widowshide corporate limits, write RURAL D. O. A. Boyds AL OR INSTITUTION (If not in hospital, give street address) Phy 1 is	Color or Race 7. MARRIED DEVER MARRIED BUNDATE DOY STREET ADDRESS AL OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give street oddress) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospital, give not or done) A. OR INSTITUTION (If not in hospita

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VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	104	107	CERTIFIC	ATE OF DEATI	H		Reg. Dis		001
1. PLACE OF DEAT	tgomery		MARYLAND	2. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	on: Residence	e before admi	ssion)
b. CITY OR TOVE RURAL and g	NN (If outside corporate linive nearest lown)	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		R.F.D #		ive nearest to	vn)
d. NAME OF H	OSPITAL (If not in hospitol, ION	give street	oddress)	d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Susa	irst N	Elizabeth	Poston	4. DATE OF DEATH	Mon Se		Dox	Yeor 19 58
S. SEX Pemal	6. COLOR OR RACE	7. MARE	EIED NEVER MARRIED	8. DATE OF BIRTH Feb. 27-1872		9. AGE (In years birthdoy) yrs.		YEAR IF UNI	DER 24 HRS.
during most of	PATION (Give kind of world working life, even if retire	done 10b.	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole Virgini		ountry)	12. CITIZ	S S	T COUNTRY
John P				14. MOTHER'S MAIDEN I					
15. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FC			INFORMANT 's Phillis Nin	grad.3	Addr 109-Park		ltimor	e, Md
gove rise couse (o), sta lying cause Part II.	to immediate DUE T lost. OTHER SIGNIFICANT CO	(b) Axt	exiosclexotic enexilized A contributing to DEATH BU		INAL DISEAS	E CONDITION GIV	EN IN PART	PERF	CAYS CAYS SAUTOPSY ORMED? NO
20c. TIME OF II	T WAS UNDERLYING ☐ TING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER) NJURY Month, Doy, Y . m. 19	1	Not while fo	D. (Enter noture of injury in LACE OF INJURY (Home, form actory, street, office bldg., etc	20f. (City		(Ce	ounty)	(Stote)
	y that I attended the 12 Sept Long M. Gordon M.	e deceas	ed fram. June	, 19.57, to 7 n accurred at 61.A.	.M; fran	n the causes a treet, city or town,	nd an thi	e date sta	
220. BURIAL, CREM REMOVAL (Spe Burial	ATION, 22b. DATE THERE	2	Creenville	DR CREMATORY		TION (City, town, o		(Ste	ate)
23 FUNERAL DIRECT		ton	Barneserl	le Ma DATSES	D BY REGIST		TRAR'S SIGI		

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VS A15 (4) 15M 10/57 Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY azewell c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM? YES NO X

Year 1958 September IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday)

12. CITIZEN OF WHAT COUNTRY?

The Medical Record Address The Clinical Center, Bethesda 14.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES DE NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(County)

(State)

1958 to September 1 1958 that I last saw the deceased and that death accurred a 12:05 AM, from the causes and an the date stated above. DATE SIGNED

9-1-58

The National Institutes of Health

22d. LOCATION (City, town, or county)

Amonate, Virginia 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Robert A. Pumphrey-Bethesda. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10409 CERTIFICATE OF DEATH

10389

Reg. Dist. No.

										Made als		
1.	PLACE OF DEATH o. COUNTY Montgomen	y		MARY	LAND	2. USUAL I o. STATE Wes	t Virgi	ere decessed inia	lived. If institutio b. COUNTY	n: Residenc	ce before odm	ission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						wn) V
	Bethesda			45 days		Spencer 85 x 3						
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS . IS RESIE					ESIDENCE A FARM?	
	The Clani	cal Center	, Bet	chesda 14,	Md.	113	Cross	Street	, Box 22	24		NO
3.	NAME OF DECEASED	Fir	_	Middle			Lost	4. DATE OF	Monti		Day	Yeor
	(Type or print)		rol	Jean		Pr	copps	DEATH	Septemb	per	21,	1958
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L	Female	White	WIDOW		_		20, 191		13 yrs.	Monns	Days Hours	Min.
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13.	FATHER'S NAME	-				14. MOTH	ER'S MAIDEN N					
L	Ernest L.							Engel				
15.	is, no, ar unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s			. 17. I	NFORMANT T	he Medi	ical Re	cord Addre	233		
	No			None	Tr	e Clir	nical Ce	enter,	Bethesda	14,	Maryla	nd
	The second secon	TH [Enter only one co	use per lir	ne for (o), (b), and (c).	}	0 -	1 6	0 0	_		INTERVAL E	BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	culs to	Assid	the or in	the to	uken	uni		15	1455
	204.3	DUE TO			1 10							
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	gove rise to in couse (o), stoting						- TK- 19					
	lying couse lost.	(c										
S S	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED	TO THE TERMIN	VAL DISEASE	CONDITION GIVE	N IN PART	1(0) 19. WAS	AUTOPSY ORMED?
13												NO
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter notu	re of injury in P	ort I or Port I	l of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	20d. IN While of work	NJURY OCCURRED Not while of work	20e. PLA foc	CE OF INJUI	RY (Home, farm, ffice bldg., etc.)	20f. (City o	r town)	(C	ounty)	(State)
	21 I cortify th	at I attended the	decense	od from Augus	t 7	10 5	8 Ser	tember	21, 1958	Ab ma I I		3
		tember 21	10 5			accurred	1:551	PA from	the causes or	, mar i i	ast saw the	deceosed
Е	dive on	_	_, 1/	, did mor	deum	occorred			et, city or town, st			ATE SIGNED
П	ACTUAL	France 1	m.	Mars	1	A.D. I	he Clir			,	0/2	1/58
									tutes of	Heal	t.h	1,20
	PHYSICIAN'S NAME (Type)	James M. M.	arsh,	M.D.					laryland	11607	L 011	
220		N. 226. DATE THEREO	F	22c. NAME OF CEME	TERY OF	CREMATORY	,	22d. LOCATIO	N (City, town, or	county)	(Sto	ote) /
-	DULID	1 4/24/	28					_	Spen	cer	, W	. Va.
23.	FUNERAL PIRECTON	SIGNATURE	0	IL ADDRESS	1	1941	1 3/6 SECT	8Y REGISTRA	R 24b. REGIST			
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MARYLAND STATE DEPARTMENT OF HEALTH-CALTIMONE, 18

		LU4.	LU	CERTI	FICA	IE OF D	EAIF			Reg. E	ist. No.		
	PLACE OF DEATH	tromery		MARY	LAND	2. USUAL RESID	ENCE (Wh	ere deceased	d lived. If instituti b. COUNTY		ntg		
١,	b. CITY OR TOWN (I RURAL ond give no Wheaton	f autside carporate limi parest town) Silver Spr		c. LENGTH OF STAY					rate limits, write R Lver Spri		give nec	arest town	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 13 Grandy	ive street	address)		d. STREET A	DDRESS	7.71	w Ave.				SIDENCE FARM?
1	NAME OF DECEASED (Type or print)	rauline fi	st	Rao	Pu	glisi		4. DATE OF DEATH	Sept	nth	15		Yeor 19 528
5. :	SEX F	6. COLOR OR RACE	7. MARR	ED DIVORCE		Jan 14		99	9. AGE (In years lost birthday) yrs.	Manths Manths	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10a	during most of work	ON (Give kind of work king life, even if retired C)	KIND OF BUSINESS OF	R INDUS	1 .	aly	ar fareign co	ountry)	12. C	U .	~	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		72 26			
-	Lorenzo	Rao				Grace	Pug	lisi					
		R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO 7-18-4588		asquale	Pug	lisi		ur an	dvi	ew 1	lve.
NO	Conditions, if o gave rise to it cause (a), stoting lying cause last.	mmediate (1	Bilateral	CN ATH BUT I	NOT RELATED TO	THE TERMIN	1 the	Brease E CONDITION GIV	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY DRMED?
A CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRIBE HOW INJURY O	,	· ·							NO D
MEDICAL	20c. TIME OF INJUR Haur e. m. p. m.	Y Manth, Day, Ye	While at wor	NJURY OCCURRED Not while at wark	20e. PLA foci	CE OF INJURY (Hary, street, affice	lame, farm, bldg., etc.	20f. (City	or town)		(Caunty)		(State)
	actual SIGNATURE	Busine EUCENE A.	deceas , 19_ G FORCI	Forcine				AM, fran	the causes of treet, city or town, a. Ave.,	and an	the da	te state	ed above ATE SIGNED
22c	BURIAL, CREMATION REMOVAL (Specify)	9/18/58)F	FT. LINCO					TION (City, town, CE GEORGI			MD.	
23.	SUMERAL DIRECTOR	S SIGNATURE	ka,	SILVER SPR	ING,	MD.	240. REC'D	P 1 8 '5	RAR 24b. REGI	istrar's s Ithun S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. may be retained by the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shalps be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 one the registrar priar to burial, cremation, or removal, and in any event within 72 hours off death. VS A15 (4) 15M 9/55

Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHAORE.

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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the perificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files. TO FUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State found of Health, or its designated agent, priar to burial, cremation, or removal, and in any great within 72 hours after death. M

10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Reg. Dist. No. 1039
7.11		Reg. Dist. No. 2

1. PLACE OF DEATH o. COUNTY MC	NTGOMERY		MARY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY					
b. CITY OR TOWN (If ond give nearest town) SILVER S		RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	f outside cor ER SPR		RURAL and	give neare	ist lown)
	RGIA AVENU		ospital, give street address)	d STREET ADDRESS	r west	HIGHWAY			IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	WARNER ED		Middle PUMPHREY		Lost	4. DATE OF DEATH	Mon! SEPTEM!		Doy	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIED DIVORCED	-	EB. 14, 18	96	9. AGE In years last birthday 62' yrs.			UNDER 24 HRS.
100. USUAL OCCUPATION during most of working funeral during 13. FATHER'S NAME	g life, even it retired)		kind of Business or i		MARYLAND MOTHER'S MAIDEN		country)		S. A	HAT COUNTRY?
15. WAS DECEASED EVE	EUBEN PUMP R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16		17. INFO	HARRIET A. DRMANT C. Pumphre		Address	est Hi	ghway	7. SSM
PART I, DEAT	iote cause		Coronary oca	lusi	on				INTERVAL ONSET AN SUC	Between ID DEATH
PART II. OTH 20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	History o	E pre	ONTRIBUTING TO DEATH EVIOUS heart BE HOW INJURY OCCURR	dise	ase			/EN IN PART		ERFORMED?
20c. TIME OF INJUR Hour o. m. p. m.		Whi		PLACE lactory.	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	or town)	(Coun	(y)	(Slote)
21. I certify the opinion death opinion death actual signature of the sign	resulted from: No. 27b. DATE THEREO 9/10/58	of the Notural	remains described couses []. Accid	ent	Suicide , I.D. CHIEF MEDICAL EXASSISTANT MEDICAL DEPUTY MEDICAL EMATORY NAL CEMETER	Homicide KAMINER AL EXAMINE EXAMINER 22d. LOCA	Undete	Se VIRO	onner pt. 7	and in my ATE SIGNED 7, 1958 (Stote)
ROLLMONG	Il. Bu	ske	SILVER SP	RING	, MD . 240. REC	SEP 9	150	STRAR'S SIGN	- 1 -	14

VS. A15ME 5M 2/57

Tetra de la companya della companya	HIS CERTIFICATE OF DEATH			
	TO STORES AND THE STORES			
	Victoria de 200 2 sue outre la		and to a live the	
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	A PROPERTY OF THE PARTY OF THE			
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10412 CERTIFICATE OF DEATH

			10	1	110	J
			12	D	J.6	í
Reg.	Dist.	No.	. 21	-5		

o. COUNTY	Montgomery		MARYLAI		2. USUAL RESIDE o. STATE Ma	NCE (Whe		b. COUNTY	an: Reside	nce befor	e odmiss	ian)
b. CITY OR TOWN (f outside corporate limit	s, write c. LEN	NGTH OF STAY IN	16	c. CITY OR TO	WN (If ou	tside corpore	ote limits, write R	URAL ond	give nea	rest fown)
Bethesda (2 1	mos.15 da	ays	An	napo	lis		02	10.	2	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, gi	ive street address)		d. STREET ADI	DRESS					e. IS RES	IDENCE
	Hospital,	Bethesda	a, Md.		87	Col:	lege A	ve.,				FARM?
3. NAME OF DECEASED	Firs	if	Middle		Lost		4. DATE	Mar	th	Da	y	Year
(Type or print)	Walt	er	Emil		QUENSTED	T	OF DEATH	Septem	ber	1	0	19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9	AGE (In years last birthdoy)				R 24 HRS.
Male	White	WIDOWED [DIVORCED [] 9	March 1	.890		68 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	lane 10b. KIND (OF BUSINESS OR I	NDUST	RY 11. BIRTHPLAC	CE (Stote a	r foreign cou	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
Mariner	king me, even it remed,	U.S.	Navy		Wis	cons	in		U	.S.		
13. FATHER'S NAME					14. MOTHER'S M							
Charles Qu	enstedt				Alberta	Cro	use					
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		L SECURITY NO.	17. INF	ORMANT			Add	ress		-	
Yes	(if yes, give war or dates of se	Unkn	ดพท	(Wi	e) Mrs.	May 1	L. Que	nstedt	(Same	As	#2)	
	TH [Enter only one cou			1110			<u> </u>	225 00 0	(DOLLING)		RVAL BE	TWEEN
	TH WAS CAUSED BY:	Car	cinoma o	f th	ne Lung	with	Metas	tases		ONS	ET AND	
163x	IMMEDIATE CAUSE (o) DUE TO		7,211,011,01		2000		224 4410		-	AUC	Jul (J MUS.
Conditions, if a												
gave rise to i	mmediate (-								
lying couse lost.	the under-											
) (c) HER SIGNIFICANT COND	DITIONS CONTRI	BUTING TO DEATH	BUTN	OT RELATED TO T	HE TERMIN	JAI DISEASE	CONDITION GIV	FN IN PAI	PT 1(a) 19	WAS .	AUTOPSY
ATIO								CONDITION		., .,,,,,	PERFO	RMED?
200. ACCIDENT W	S UNDERLYING	20b. DESCRIBE H	IOW INJURY OCC	URRED.	(Enter nature of i	niury in Po	ort I or Part	II of item 18.)			ira El	МОП
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yea		OCCURRED 20	e. PLAC focto	E OF INJURY (Ho ry, street, office b	ome, farm,	20f. (City	or town)	(County)		(State)
° p. m.	19		work									
21. I certify th	at I attended the	deceased fro	m 25 Jur	ne	19 58	ta_10	Sept.	19 5	3, that I	last sa	w the	deceased
	Sept.	19/58		eath o	occurred at 1	2:55	PM. fram					
	6/10	1/2:67	,					eet, city or town,		ne aai		ATE SIGNED
ACTUAL SIGNATURE	, 62, -	THIA	247	M	D U.S. N	laval	Hospi	tal, Be	thesd	a. M	id. C	-10-5
			/		D. LEGGEGLE							
PHYSICIAN'S C	.U. SHILLIN	G, LT, A	MC, USN		U.S. N	Vava1	Hospi	tal, Be	thesd	a, M	d.	
220. BURIAL, CREMATIC		F 22c. I	NAME OF CEMETER	RY OR	CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote	e)
REMOVAL (Specify)	9-15-58	Aca	demy Cem	etei	су		Annaj	polis, M	aryla	and		1
23. FUNERAL DIRECTOR	SAIGNATURY		MOKESS		2		BY REGISTR		1		E	4
J.M. Taylor	147 Glove	chester	St.Annap	olis	s,Md.	AREP 1	9 '58	Citt	wg 3. 9	isaus		

40		CERTIFICATE O	\$1101	
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	A CONTRACTOR OF THE SECOND SECONDS		10000	
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e e e	alone land of the land the Area of	.c		
			CALL CREEK	
		Bunite Telling	weith weit the	

1 (32)

VS. ATSME 5M 2/57

10393

Reg. Dist. No.

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Montsomery MARYLAND	o. STATE med b. COUNTY months
b. CITY OR TOWN (It outside deporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
and give report flown	X Bookalle R.F.D.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS [e. IS RESIDENCE
in to P. G. What	210. to Rel. YES NO D
James Co. Jen 1415	" WIN T I'M
NAME OF DECEASED First Middle	Last A. DATE Month Day Year OF
(Type or print) Ralph A	Rice DEATH Sleft 1958
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
Male WINTE WIDOWED DIVORCED	Nov 9 1934 22 m
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
manager For station	lenn, 21.56
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Viliting Reede.	Mayor Mc Dance a
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(es, no, or unknown) If yes, give war or dates of service)	the Dear Por My It ame
7/0	MILLA KLEEL D' L SENSTINITY INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Upphysica	
823X DUE TO ()	
Conditions, if ony, which) (b) arrown	
gove rise to immediate cause (a), stating the underlying DUE TO	
couse tast. (c) thuty ace	chut
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ille down Dr. That me is doing	7 STEPTION OF PERFORMED? YES NO NO
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)
PRIMARY OF DEATH.	and the state of t
	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	ACE OF INJURY (Home, form, 1 20f. (City or fown) (County) (Stote) ctory, street, office bldg., etc.)
5:35 p.m. 9 7 1 1958 of work of work 12 12	1 R-97 We Sumbine Monty 11th
21. I certify that I took charge of the remains described ab	ave, held an Autopsy . Inspection . Inquiry . and in my
opinion death resulted from: Natural causes . Accident	☑. Suicide ☐, Homicide ☐, Undetermined manner ☐
2 00	
SIGNATURE Trank J. Broschart	M.D. CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLAUK J. Broschart	DEPUTY MEDICAL EXAMINER DA 9-1-58
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 9/4/58 Liberty Bap	tist Lisbon, Md.
3. FUMERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Roy on Barber Laytonsville.	Ma L
Y	DATE 158 Orthur & Traus

TO THE RESIDENCE OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10291

CERTIFICATE OF DEATH

Rog. Dist. No. 10394

	Neg. Dist. 14	
1. PLACE OF DEATH O. COUNTY MONTGOMERY MA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE DISTINCT of Columbia.	fore admission)
b. CITY OR TOWN (II outside carporate limits, write RURAL and give negrest town)	TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	earest lown)
	days WASHINGTON 41X-	3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASHING TON SANITARIUM & HOS	SPITAL 4216 YUMA ST., N.W	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) TAMES DE	E RICHARDSON DEATH SEPTEMBER	20 Year 19 38
5. SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MA WITH TE WIDOWED DIVO	RRRIED 8. DATE OF BIRTH 1 - 19-00 9. AGE (In years IF UNDER 1 YEA Months Days 2 yrs.	AR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Note to define the superior of th	SS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN 12. CITIZEN	OF WHAT COUNTRY?
James Green Richardson	n Mande Huches	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give wor or dates of service) None	No. 17. INFORMANT Address Chart Hospital Records	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	(c).] Myeloma	TERVAL BETWEEN NSET AND DEATH I YEAR
Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost. (b) DUE TO (c)		
3 49/x BRONCHO Prev monia.	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	Y OCCURRED. (Enter nature of injury in Port I or Port II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF INJURY IHome, larm, foclory, street, office bldg., etc.) (City or tawn) (Count	y) (State)
21. I certify that I attended the deceased fram 1/1 alive an Settember 29, 1958, and the	1958, to Seftember 1958, that I last that death occurred at 207 A.M. from the causes and an the d	saw the deceased
ACTUAL SIGNATURE allert E. Marland	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)	DATE SIGNED
PHYSICIAN'S Albert E Marland, Jr	1216 16th St. N. W. Wash.	6, D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 10/2/58 Cedar	EMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Hill Crematory Suitland, Maryl	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROSECTE TO PRODUCE A BOTH STORY	7 Milia and A 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	

te funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

To FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shares be detached for use as the burial-transit permit. Then please remove cappon papers. Pages 1 and the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs often death.

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The state of the s

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR TO FUNERAL

							Ke	eg. Dist. No) .
1. PLACE OF DEATH a. COUNTY	MONTGOMER	Y	MARYLAND	11	O. STATE MARYLA	ere deceased lived AND	I. If institution: I b. COUNTY M	Residence before IONTGOM	ore admission) ERY
b. CITY OR TOWN RURAL and give to TAKOMA		ts, write	c. LENGTH OF STAY IN 16	s Z	c. CITY OR TOWN (IF o		mits, write RURA	L and give ne	earest town)
d. NAME OF HOSP OR INSTITUTION	17AL (If not in hospitot, g 1517 ALBANY	AVENU	address)		d. STREET ADDRESS 711 ORCI	HARD WAY	Hall		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNIE	st	Middle BURCH		lost RILEY	4. DATE OF DEATH	Month SEPT.	D 15	Year 19 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	ED NEVER MARRIED DIVORCED		11/76	los		UNDER 1 YEA	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPAT during most af wo HOMEMAK	orking life, even if retired)	KIND OF BUSINESS OR INC	USTRY		or foreign country			S.A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			
G. MORTI	IMER CECIL				SARAH J. BU	JRCH			
1S. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FOR				RMANT Edgar L. Bul	rch, 711	Orchard	Way	
PART I. DE 420.0 Conditions, if gove rise to carse (a), stating lying cause last	g the under-)	Cougeil arterios del arterios a	lei Per	e Kears	Fail per ter	ice ice	- 4	TENAL BETWEEN ISET AND DEATH GRANDSHAM LYLAN LYL
ICATIC			CRIBE HOW INJURY OCCUR					IN PART 1(o)	PERFORMED?
OR CONTRIBUTING	VAS UNDERLYING A IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 0130	embe from traoki occor	KED. ĮI	times indicate of impory in t	011 1 01 1 011 11 01	110.11		
20c. TIME OF INJU Haur o. m. p. m.	10	20d. It While at warl	Not while		OF INJURY (Home, farm, r, street, office bldg., etc.		wn)	(County	(Stote
21. I certify alive an	that I attended the effect 13 Lefe P. Neil P. (195 Can	, and that dea	th ac	1954, to Scourred at 125		causes and	on the do	aw the decease ate stated abov DATE SIGN
220. BURIAL, CREMATII REMOVAL (Specify BURIAL	ON, 22b. DATE THEREO 9/18/58	F	CEDAR HILL			PRINCE	City, tawn, or ca		(Stote) MD.
Raymon	R'S SIGNATURE	ka.	SILVER SPRING	G, 1		BY REGISTRAR	24b. REGISTRA	un S. Kr	

water broad along and, we have present and most of the Control Statement a little of the large. The first

Street and the street

may be retoined TO FUNERAL D

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10414

10397 Reg. Dist. No. 215

	700										
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYL	AND 2.	USUAL RESID	rgini	ere deceased I	ived. If instituti b. COUNTY	on: Residence be	efore admiss	sion)
Bethesda (R	outside corporate limits arest town)		days		c. CITY OR T	OWN (If o		le limits, write R	URAL ond give	negrest town	n)
	AL (If not in hospital, given	re street oddress)		d. STREET AL		Lleview	Drive	0 - X		SIDENCE FARM?
3. NAME OF	first		Middle								
(Type or print)	Dona	ld	Dennis		ROSC		4. DATE OF DEATH	Sept			19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		-0	AGE (In years lost birthday)	Months Day		ER 24 HRS.
Male		WIDOWED	DIVORCED		13 Sept			yrs.	6	s Hours	Min.
10a. USUAL OCCUPATION during most of work None	N (Give kind of work do ing life, even if retired)	one 10b. KIND (OF BUSINESS OR	INDUSTRY		yland		ntry)	12. CITIZEN		COUNTRY
13. FATHER'S NAME				1-	. MOTHER'S	MAIDEN N	IAME				
Leon ROSCH					Jeanne	Evel	yn MAC	LELLAN			
15. WAS DECEASED EVEL			SECURITY NO.	17. INFO	RMANT			Add	ress		
No	If yes, give wor or dates of ser	None		(Fati	ner) Le	eon Ro	OSCH (S	ame As	#2)		
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	Bac	o), (b), and (c).]	io ,	ngo	سرند	Ε	wli.	0	NTERVAL BE	TWEEN
Conditions, if or gove rise to in couse (o), stoting to	ny, which (b)_nmediate	mul	tiple	cong	enita	l on	وسيمم	lies		6 8	days
lying couse lost.	(c)_ ER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEAT	TH BUT NOT	RELATED TO	THETERMI	NAL DISEASE (CONDITION GIV	'EN IN PART 1(0)	PERFO	AUTOPSY PRINED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE H	IOW INJURY OC	CURRED. (E	nter nature of	injury in P	ort I or Port II	of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While _ N	OCCURRED 2 of while work	PLACE factory.	OF INJURY (H. street, office	lome, form, bldg., etc.	20f. (City of	r town)	(Count	ly)	(Stote)
21. I certify the	at I attended the a	deceased fra	13 Se	pt.	10 58	to 19	Sept.	10 58	that I last	saw the	decesso
alive an_19	-	, 19 58	_, and that a	death ac		-	ADDRESS (Street	the causes o	ind an the distore)	date state	
SIGNATURE	levaso	per !	De Han	M.D.	U.S.	Naval	Hospi	tal, Bet	hesda,	Md.	
PHYSICIAN'S NAME (Type)	De PAOLA I	T MC US	N		U.S.	Naval	Hospit	tal, Bet	hesda,	Md.	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	9-23-58		ington	Nat'l	CEMET	ERY	Arlin	-	or county)	Virg	
23. FUNERAL DIRECTOR'S ARLINGTO	KOMBEC / Y	ome Arl	North ington,	Fairf Virgi	ax Dri	24a. REC'C	2 3 '58	R 24b. REGI	STRAR'S SIGNAT		
205/35	52 X V3										

	CATELOR BEATH VILLE			
Ci - Lin and Signature			w.	
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TO FUNERAL P

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1()398 Reg. Dist. No. 215 **CERTIFICATE OF DEATH** 10415

1. PLACE OF DEATH o. COUNTY Montg	omerv		MAR	YLAND 2.	usual residence (W a. STATE Distric		lived. If institution	on: Residence	befare admission)
b. CITY OR TOWN (If our RURAL and give neare: Bethesda (Rur	tside corporate limit	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		rote limits, write RI	URAL ond giv	re nearest town)
d. NAME OF HOSPITAL OR INSTITUTION U.S. Naval Ho					d. STREET ADDRESS	J" Stre	eet, S.E.		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Betty		Mae		SARGENT	4. DATE OF DEATH	Moni Sept	ember	Doy Year 17 19 58
		7. MARR	D DIVORCI		November :	1937	9. AGE (In years last birthday) 20 yrs.		YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION during mast of working Housewife	Give kind af wark d life, even if retired)	ane 10b.	None	OR INDUSTRY	North Car		ountry)	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			
Johnny Freema	n BENTON			2000	Mary Elizal	beth L	ASTER		
15. WAS DECEASED EVER IN (Yes, no, or unknown) IIf ye	U. S. ARMED FORCES, give war ar dates of see	vice)	social security no Unknown		rmant band) Richt	ard Jol	nn SARGEN		me As #2)
Canditians, if any, gave rise to imm cause (a), stoling the lying cause last. PART II. OTHER	which (b), ediote under (c) SIGNIFICANT COND	poitions <u>c</u>	ONTRIBUTING TO DE	ATH BUT NO		AL	E CONDITION GIV		ONSET AND DEATH I(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	CAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY C	OCCURRED. (E	nter nature af injury in	Part I ar Part	II of item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While at wark	Nat while at wark	20e. PLACE factory	OF INJURY (Home, form, street, affice bldg., etc.	m. 20f. (City c.)	ar tawn)	(Co	unty) (State)
alive on 17 Se ACTUAL SIGNATURE PHYSICIAN'S	attended the pt. R. BOYCE,	. 19_		t death oc	U.S. Nava	P.M. from ADDRESS (SI 1 HOSP:	the causes a reet, city or town.	ind on the state) thesda	st saw the deceased date stated above. DATE SIGNED , Md. 9-18-58
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF		22c. NAME OF CEM		200	22d. LOCAT	ICAL, Be look (City, town, o	r county)	(State)
Burial		4	ADDRESS		24g. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	IATURE
R.A. Pumphre	A, 1001 M	ISCO	nsin Ave.,	be the s	da, Mo DATE S	Er VO			<u> </u>

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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				UCA	

		Reg. Di	st. No.
MARYLAND	2. USUAL RESIDENCE (WHO STATE Indiana	nere deceased lived. If institution, Residen b, COUNTY	ce before admission)
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and	give nearest town)
39 days	Jasper	52 X	-3
toddress) thesda 11. Md.	d. STREET ADDRESS	ith Street	e. IS RESIDENCE ON A FARM? YES NO X
Richard	Schutz	OF September	14, 19 58
RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 17, 19	lost birthday) Manthal	1 YEAR IF UNDER 24 HRS. Days Hours Min.
. KIND OF BUSINESS OR INDU			IZEN OF WHAT COUNTRY
ity Government	Indiana	U.	. S. A.
	14. MOTHER'S MAIDEN N	IAME	
	Augusta I	retter	
SOCIAL SECURITY NO. 17.			
Unavailable Th	ne Clinical Ce	enter, Bethesda 14,	Maryland
spiratory failu			INTERVAL BETWEEN ONSET AND DEATH LI WEEKS
oriocarcinoma w	vion pullionary	/ Me vas vases	
	A CONTRACTOR OF THE PARTY OF TH	NAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I or Part II of item 18.)	
INJURY OCCURRED 20e. PL Not while for or work	ctory, street, office bldg., etc.	, 20f. (City or town) (C	County) (State)
May	accurred at 8:00 The Clinic	AM, from the causes and an the ADDRESS (Street, city or town, stole) cal Center all Institutes of He	9-14-58
		Dubois County,	Indiana
ADDRESS Bethesda,		D BY REGISTRAR 246. REGISTRAR'S SIG	SNATURE
	c. LENGTH OF STAY IN 16 39 days thesda 14, Md. Middle Richard RIED NEVER MARRIED DIVORCED L. KIND OF BUSINESS OR INDU ity Government L. SOCIAL SECURITY NO. 17. If Unavailable The line for (a), (b), and (c).] Spiratory failu CONTRIBUTING TO DEATH BUT Ver, thyroid ar SCRIBE HOW INJURY OCCURRE INJURY OCCURRED ON MOT While DOT OF AUGUST SEED FOR AUGUST 6 TO THE OF CEMETERY OF THE OF TH	MARYLAND C. LENGTH OF STAY IN 16 39 days Length of STAY IN 16 39 days Length of STAY IN 16 Jasper d. STREET ADDRESS thesda 11, Md. 322 East 15 Middle Richard Richa	C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper 5 2 x Loddiens) C. CITY OR TOWN (If outside corporate limits, write RURAL and 39 days Jasper Japper Japper

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 shawer be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

					-	R	eg. Dist. No	,	
1. PLACE OF DEATH o. COUNTY Montgomer	У	MARYL		USUAL RESIDENCE (WHO STATE Alabama	nere deceased li	ved. If institution: b. COUNTY	Residence befo	ore admissi	on)
	f outside corporate limits, writ	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If o	20 11-21	e limits, write RURA		arest town	-
d. NAME OF HOSPIT	AL (If not in hospital, give street)	et oddress)	ld.	d. STREET ADDRESS Route 3. I	Box 517			e. IS RESI ON A YES TO	FARM?
			AL O II						
3. NAME OF DECEASED (Type or print)	First Randol		- 0	Scott	4. DATE OF DEATH	Septemb		5, 1	19 58
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. C	ATE OF BIRTH	9.		UNDER 1 YEAR	+	
Male	Negro wind	WED DIVORCED		ovember 14,	1957	yrs.	9 21	Hours	Min.
during most of work	ON (Give kind of work done 1 ing life, even if retired)	None	INDUSTRY	11. BIRTHPLACE (Stote		lry)	12. CITIZEN C		COUNTRY
13. FATHER'S NAME	<u>_</u>	110126	1	4. MOTHER'S MAIDEN N	~				
Jacob Sco	++				rtha Bel	17			mai.
	R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFO	RMANTThe Med:					
No (Yes, no. or unknown)	(If yes, give war or dates of service)	None		Clinical (aryla	ind
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediate (die congestion	r.lu	et operation	eloust Luona Seen fi	idion of	110	our	-
PART II. OTH PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	INAL DISEÁSE C	ONDITION GIVEN	IN PART 1(o)	PERFOI YES	
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206. [] CAUSE OF DEATH MEDICAL EXAMINER)	PESCRIBE HOW INJURY OC	CURRED. (I	inter nature of injury in I	Port I or Port II	of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or	town)	(County)		(Stote)
alive on Sep ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)				curred at 11:20	ical Ce: Instit	he causes and t, city or town, stot	le)	ite state	decease ed above ATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify)	9/11/58	22c. NAME OF CEMET	ERY OR C	DC	Cole	N (City, town, or co	2 , 2	Sa	- 1
27 FUNERAL DIRECTOR	Jenkin Jen	real Home 48	804 (ZA, AVE CAJESE	D BY REGISTRAI		AR'S SIGNATU		

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	and the		
			A CONTRACTOR OF THE CONTRACTOR
and the state of t		NAME OF THE PARTY	Machine Comment

10402 Reg. Dist. No.

o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission)
Montamery MARYLAND	o. STATE med b. COUNTY mmlg
b. CITY OR TOWN (If outside corporate limits, write RURA ond give peorest found)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
Ruzlesille 6 mo	26 Rochardle
d. NAME OF HOSPITAL OP INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
12917 Parkland Dr	12917 Parkland Dr YES NO
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
(Type or print) (antoning	clan: DEATH /Jehn 24 195%
8. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS.
Male white WIDOWED DIVORCED	2-1-94 lost birthday] Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
R.R. Cur redowning retired	Staly M.S.C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scarmelo Scardeni	A XXXXXXXX NUNNIA TRIXILETTI
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
110 118-14-9114	Rose Scudeni Ilm 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
422, 1 IMMEDIATE CAUSE (0) Carle My or	and to
DUE TO DD DD	
Conditions, if ony, which gave rise to immediate cause	or vascular desease 12 year
(o), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
5	YES NO W
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING	nter nature of injury in Part t or Part II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Slote)
Hour o. m. While Nat while tack	pry, street, office bldg., etc.)
21. I certify that I taak charge of the remains described aba	we hald as Autom D. Autom Ed. 1
opinian death resulted from: Natural causes 🔀, Accident [, Suicide, Hamicide, Undetermined manner
2 0 0	DATE SIGNED
SIGNATURE Joans J. Broschart	M.D. CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER []
NAME (Type) FAMIL J. Broschah	DEPUTY MEDICAL EXAMINER & JUNE 24 - 58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, fown, or county) (State)
BURIAL 9/27/58 Gate of Heaven	Cemetery Montgomery County, Md.
25 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Saymond a. Buska, Silver Spring,	Md. DATESEP 2 6 '58 C-Ilma & Known

VS. A15ME 5M 2/57

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CERTIFICATE OF DEATH

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Reg.	Dist.	No.	n-like	0	of the		

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7	Jan /	1
100	10)
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Page

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requires that the deoth certificate be executed

puo ofter

10420 1. PLACE OF DEATH a. COUNTY Montgomery

MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Vrs. Bethesda

5620 Southwick St.

First

d. NAME OF HOSPITAL (If not in haspital, give street address)

10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Government

578-05-4069

Middle

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE Maryland b. COUNTY Montgomery

d. STREET ADDRESS

5620 Southwick St.

Baden, Ontario, Canada

 IS RESIDENCE ON A FARM? YES NO TH

	3. NAME OF DECEASED (Type or print)	
1	5. SEX	6. COLOR

IRA OR RACE 7. MARRIED NEVER MARRIED White WIDOWED [7] DIVORCED T

SHANTZ" B. DATE OF BIRTH Sept.12,1879

17 INFORMANT (WITE)

Gladys B. Shantz

OF DEATH Sept. 11, 9. AGE (In years last birthday) yrs.

1958 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY?

United States

l	F	3	3	t	1	r	е	d
h	3.	FA	TH	18	R'	S N	IAI	WE

Christian Shantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME Nancy Steiner

> Address Item 2. Same as

7	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coron
	420, 1 DUE TO	1
	Canditions, if ony, which) (b)	arterio-s

No

arterio-selerosis seneralizza

ONSET AND DEATH 5 minutes

INTERVAL BETWEEN

rise to immediate cause (o), stoting the underlying cause lost

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20f. (City ar tawn)

PERFORMED? YES NO 1

CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

Haur o. m.

Day, Year 20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(County)

(Stote)

DATE SIGNED

21. I certify that I attended the deceased from.

Nat while at work at wark

De taker, 1953, to

____, and that death accurred at / P.M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state) 9-12-58

ACTUAL PHYSICIAN'S

NAME (Type)

4711 Highland Ave., Bethesda, Md.

					TION,
B	REM	DYA	4	pec	ify)

22b. DATE THEREOF 9-13-58 22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Prince George Co.,

23. FUNERAL DIRECTOR'S SIGNATURE PUMPHREY

ADDRESS Bethesda, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

10

FUNERAL

JULIA SEMENTER US TOTAL OF SHIPMEN SHIPM Classes III when I have AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

104	21 CERTIFICA	AIE OF DEATH	Reg. Dist. N	lo.
o. COUNTY MONTGOME	W MARYLAND	o. STATE	b. COUNTY Montg	MYMO
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest fown)	mils, write c. LENGTH OF STAY IN 16	55,1ven 5	rporate limits, write RURAL and give	
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION PLACE GARVE	foundation	3229 Med	way Is-	ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Ha Masqus	ite Shaw 4. DATI	TH SEPT 9	195 6
female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 31, 1884	9. AGE (In years lost birthdoy) Months Doy	s Hours Min.
10a. USUAL OCCUPATION (Give kind of wordering most of working life, even if retire Homemaker		STRY 11% BIRTHPLACE (Stote or foreign	n country) 12. CITIZEN	U.S.A.
3. FATHER'S NAME	LEVI GEPHART	14. MOTHER'S MAIDEN NAME	cette unknown	own
(Yes, no, or unknown) (Yes, no, or unknown) (If yes, give war ar dates o		con Harris	2 3229 Medi	voz fel.
gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CO	(c)	NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CO	206. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or	Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Hour a.m. 15	While Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	City or town) (Coun	ity) (Stote
alive an 5 Sept	ne deceased fram March., 1958, and that death	occurred at 7:15 A.M., for ADDRESS	19 57, that I last ram the causes and on the is (Street, city or town, state)	
PHYSICIAN'S MORY'S P	erry	Silver Sp	ring Md.	(Clata)
220. BURIAL, CREMATION, REMOVAL (Specify) 9/12/	PARKLAWN CEMI	ETERY MOI	CATION (City, town, or county) NTGOMERY COUNTY 1 SISTRAR 246, REGISTRAR'S SIGNA	
23. FUNERAL DIRECTOR'S SIGNATURE SUR REGISTRATURE	ADDRESS SILVER SPRING	G. MD. 240. REC'D BY	5 '58 Critum S.	1 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page-4 may be retained by the haspital at attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in e funeral director, page 3 shallowere detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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0422	CERTIFICATE	OF DEAT
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	104	22	CERTI	FICA	TE OF DEA	ATH			Reg. D	ist. No.		LUX
1. PLACE OF DEATH o. COUNTY	Montgomery	4.50	MARY	LAND	2. USUAL RESIDENCE O. STATE Mary	E (Where	deceased	lived. If instituti b. COUNTY	2.0	nce befor		ion)
RURAL ond give	I (If outside corporate limineorest town) Bethesda	its, write	c. LENGTH OF STAY		c. CITY OR TOWN		de corpor	ote limits, write R	URAL ond	give nec	prest fown	1)
d. NAME OF HOS	PITAL (If not in hospitol, on Suburban I				d. STREET ADDRE	1	Lan	ie .				FARM?
3. NAME OF DECEASED (Type or print)	Henry		Middle Francis	3	Sheltor		DATE OF DEATH	Septemb		1 00	,	Yeor 19 58
Male	6. COLOR OR RACE Colored	7. MARRIE	DIVORCE		December :	18, 1	L911	9. AGE (In years lpsy birthday) 40 yrs.	Months Months	R I YEAR Days	Hours	Min.
00. USUAL OCCUPA during most of w Jani	TION (Give kind of work orking life, even if retired tor)	IND OF BUSINESS OF					ryland		U.S.		COUNTR
3. FATHER'S NAME Hen	ry Shelton				Maggie	Wood	AE .					
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dotes of t		OCIAL SECURITY NO.		cinda Shel			Add	abov	е		
	PEATH [Enter only one content was caused by: IMMEDIATE CAUSE (c)	For (a). (b). and (c).							INTE	ERVAL BE SET AND	TWEEN
Conditions, if gave rise to couse (a), statin lying cause los	ony, which (binmediate ag the under-		Ha bert	L	artin	V.	De	ico			1-	72
PANT II. C	OTHER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
20a. ACCIDENT NO OR CONTRIBUTIN	WAS UNDERLYING DATH OF MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED). (Enter nature of inju	ury in Part	l ar Part	II of item 18.)				
20c. TIME OF INJ	1.	ar 20d. IN. While at work	Not while of work		CE OF INJURY (Home tory, street, affice bldg		20f. (City	or town)		(County)		(State)
21. I certify olive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	72.	-Car	death	/	:05 AN		the causes of reet, city or town,	and an			
220. BURIAL, CREMAT REMOVAL (Speci	TION, 226. DATE THEREC	OF .	22c. NAME OF CEME Lincoln			220		ION (City, town, okville,			(State	e)
23. FUNERAL DIRECTO	SNOWD	eN	ROCK L	il	10 MC DAT	SEP 2	Y REGISTI		STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CORP. After this certificate has been signed by the attending physician and completely filled in page 3 sharp be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event withing 2 hours VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MAKTLAND	SIAIE DEPARIM	ENI OF HEALTH-BAL	IIMORE, 16	10407
		10423	CERTIFICA	ATE OF DEATH	Reg.	LUXU o Dist. No.
1,	PLACE OF DEATH	lontgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE D. C.	ed lived. If institutions Residue. COUNTY	lence before admission)
	Bethesda	If outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor Washington	orate limits, write RURAL on	d give nearest town) 47X-3
	9200 UTO	TAL (If not in hospital, give street leorge town		d. STREET ADDRESS Dodge Hotel		IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Ly Le	Gardon	Shuck Sp DEATH		Day Year
M	sex lale	6. COLOR OR RACE 7. MAR White widow	ED DIVORCED	May 19,1895	last birthday) Manth	
	Govt"Pri	ON (Give kind of work done 10b. king life, even if retired) Nt. Uffice	U.S. Govt	Grafton, W.		U.S.
13.	Walter S	huck		Minerva E. S	ieff	
		R IN U. S. ARMED FORCES? 16.		rs Illda J. Shuc	Address (W)	ife)
	1	mmediate (DUE TO	ine far (a). (b). and (c).] METASTA PRIN	tic SARCON PARY Site	undesis Undefern	INTERVAL BETWEEN ONSET AND DEATH ONE YN
CERTIFICATION			NONE	T NOT RELATED TO THE TERMINAL DISEAS		ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	OR CONTRIBUTING	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Pa	rt 11 ot item 18.)	
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d. While at wa	Not while fo	ACE OF INJURY (Hame, form, 20f. (Cit sclory, street, affice bldg., etc.)	y ar town)	(County) (Stole)
	actual signature Physician's NAME (Type)	not I attended the decear SEPT 7 19. Whith E. De De With E.	Faister De LAwter	n occurred at 2:30 p. M. froi ADDRESS (S M.D. 8025 H. Bethes de	m the causes and an Street, city ar tawn, stole) BERLIEN A	DATE SIGNED
C	removation	Sept. 13,1		rematorium Wa	ashington I).C.
23	FUNERAL DIRECTOR	CL & Sous	300 Hotel	ARE SEP 1 5		S. Kraus

TO FUNERAL SCIOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shared be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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Items FOR STATE HEALTH DEPT.

necessory, please year-files. Board of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is an execute the chalificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bo or its designated agent, priar to buriol, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10408

7.7	7.10					Keg. Dist. N	vo.
PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased			pefore admission)
	GOMERY	MARYLAND	o. STATE Maryla	and	b. COUNTY	Montgo	mery
b. CITY OR TOWN (If outs and give nearest town)	ide corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autside corpo	rote limits, write		
SILVER SP	RING	l year	56 Silver	Sprin	g		
d. NAME OF HOSPITAL	OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
703 Dale	Drive		703 Da	ale Dri	ve		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Do	y Yeor
(Type or print)	Louise	Wetherill	Slack, M.D.	DEATH	Sept	t. 8	19 58
5. SEX 6.	. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER TYEA	
female	white wind	OWED DIVORCED	9-30-1908		49 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATION during most of working li	(Give kind of work done 1	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or fareign cou	intry)		OF WHAT COUNTRY
Physician			New Jerse	ey		U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
John B. Sla	ck		Maud W&th	herall			
15. WAS DECEASED EVER I	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	FORMANT		Address	477 77-1	
yes	WW #2	yes J	ohn B. Slack,	, III -	703 Dal	Le Drive	
PART I. DEATH V	(Enter only one cause per		inauina			INI	TERVAL BETWEEN
9712	MEDIATE CAUSE (6)	Parhiturate po	rsourne				Found Dead
7/0.d	DUE TO						n bedroom
Canditions, if any, gave rise to immediate	e couse (loor of
(a), stating the und							nome
	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAI DISEASE	CONDITION GIVE		
5							PERFORMED? YES NO
200. EXTERNAL CAUSE PRIMARY OF CONTRI CAUSE OF DEATH.	WAS IBUTING 20b. DES	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	l or Part II of	f item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.			CE OF INJURY (Home, form, street, office bldg., etc.)	. 20f. (City o	r fown)	(County)	(State)
Hour o. m.		While Not while FOCTO	ry, arreet, orrice oldg., etc.,	1			
21. 1 certify that	I taok charge of th	he remains described aba	ve, held an Autopsy	x x Ins	pection .	Inquiry [7, and in my
		al causes . Accident [_			mined mann	
ACTUAL SIGNATURE	end J. B	what	_M.D. CHIEF MEDICAL EX	AMINER [87	DATE SIGNED
EXAMINER'S A	. //	Broschart	ASSISTANT MEDICAL E		9.	-8-5	7
220. BURIAL, CREMATION.	22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, lown, a	r county)	(State)
rans. & Buri	al 9/11/58	Woodlane Ceme	tery		gton Cou		J.
22 FUNERAL DIRECTOR'S S		ADDRESS	240. REC'E	BY REGISTRA		TRAR'S SIGNATI	
raymoud C	l. Juska	_ Silver Spring,	Md. DATESE	P 1 0 '58	art	hur S. Kra	n A

AL SECRETARISATION OF A SECRETARIA SECURIOR SECTION OF A SECURIOR The state of the s

CERTIFICATE OF DEATH

10409

				Key. Dist. 140.	
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institu land b. COUNT		
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	H OF STAY IN 16	c. CITY OR TOWN (IF of Batchello	utside corporate limits, write PS Forest F	RURAL and give near Road, Oln	est town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Sharon Nursing Home		d. STREET ADDRESS	XXXXXXXXXX	CXCXX	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHANNA	Middle H.	SLYE	OF	ept. 22	Year 19 5 8
5. SEX 6. COLOR OR RACE 7. MARRIED NE White WIDOWED	DIVORCED 🗍	8. DATE OF BIRTH 3/11/1869	9. AGE (In year last birthdoy)	Months Days	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	SUSINESS OR INDU	Washing	ton, D.C.	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CUDITY NO. 117. I	NFORMANT		14	
[(Yes, no. or unknown)] [If yes, give wor or dates of service) [10. SOCIAL SE			ds- Olney,	Mary Land	l
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stoling the under- lying couse last. DUE TO (c)	eles leosel	- Far erali Con	advone	al includes	20 cys
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G		WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not at work of work of work	while fac	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.		(County)	(State)
21. I certify that 1 attended the deceased fram alive an	and that death	accurred at		and an the date	
TREMOVAL (Specify)	ME OF CEMETERY O		22d. LOCATION (City, town, y Washing t	~	(State)
23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co 2901 14th	thS t., N	T T T T T T T T T T T T T T T T T T T	2 4 '58 24b. REC	SISTRAR'S SIGNATURE	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death: Page 4 D FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld of detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL DI page 3 shauld

VS A15 (4) 15M 10/57

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	A Particle St.			
			(Carry 144) (Carry 144)	
9 1 1	U.A. LED MINISTER			
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THE STATE OF				
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		But E		

/			1042		J	ATE OF DEATI			Reg. Dist		IU
		COUNTY	tromery		MARYLAND	2. USUAL RESIDENCE (W	nere deceased	b. COUNTY		e before od	
	b	CITY OR TOWN	(If outside corporate limi	ls, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rate limits, write RI			
		Cherry Ch	ase NA.			X Chevy	Chase				
0	-	OR INSTITUTION	ter St.,	ive street address)	d. STREET ADDRESS	enter	St.,		0	RESIDENCE ON A FARM? S NO
	0	IAME OF ECEASED Type or print)	Fir ELFTE	st	Middle CYRENA	Lost SMITH	4. DATE OF DEATH	Mon Sept.		Doy	Year 1958
	5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.
		Female	White	WIDOWED 🛅	DIVORCED 🗍	Sept., 13, 187	5	lost birthdoy) 73 yrs.	Months [Days Ho	ours Min.
1	10a.	USUAL OCCUPATI during most of wo Fousewi.	rking life, even if refired	dane 10b. KIND (OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote N. Y.	or foreign co	untry)	U.S		HAT COUNTRY
1	13. 1	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
			th Wright			Kathryn H	ulbert				
	15. \ (Yes.	NAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIA		INFORMANT iss Mildred K	athryn	Smith,	317 Ce	nter hase.	St.,
		18. CAUSE OF DE	ATH [Enter only one co	use per line for (o), (b), and (c).]	()		/ /		INTERVA	LBETWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Cene	bral Ti	10m 0051	05:1	nultu	0/1	ONSET A	ND DEATH
		332	DUE TO	1.4	. /			1		11	1
		Conditions, if	immediate (D	Arle	1105C/	er05/5,9t	MPra	1,540	eve	124	15-
		couse (a), stating lying couse last.	the under- DUE TO	HVP	entens	ion				12	Vns-
	ICATION	PART II. OI	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIVE	EN IN PART	PE	AS AUTOPSY
0	101										NO PA-
0	RTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	IOW INJURY OCCURRI	ED. (Enter noture of injury in	Port 1 or Port	II of item 18.)			U NO E
0	L CERTIF	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Yes	while N	OCCURRED 20e. P	ED. (Enter noture of injury in LACE OF INJURY (Home, form actory, street, office bldg., etc.	, 20f. (City		(Co	ounty)	(Stote)
0	MEDICAL CERTIF	(IF EITHER, NOTIF' 20c, TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Yea	While Not work 0	OCCURRED 20e. Plat.while fo	LACE OF INJURY (Home, form	, 20f. (City	or town)		ounty)	(Stote)
0	MEDICAL CERTIF	(IF EITHER, NOTIF' 20c, TIME OF INJU Haur a. m. p. m.	Y MEDICAL EXAMINER) RY Month, Doy, Yee 19	While Not work 0	OCCURRED 20e. Pl	LACE OF INJURY (Home, form colory, street, office bldg., etc.	201. (City	or town)	,that I la	ounty)	(Stote)
0	MEDICAL CERTIF	(IF EITHER, NOTIF' 20c. TIME OF INJU Haur a. m. p. m. 21. 1 certify t	Y MEDICAL EXAMINER) RY Month, Doy, Yee 19	While Not work 0	OCCURRED 20e. Pl	LACE OF INJURY (Home, form sciory, street, office bldg., etc., 19.46, ta_Stackers, 19.	201. (City	or town)	that I la	ounty)	(Store)
0	MEDICAL CERTIF	QIF EITHER, NOTIFI 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t alive an	Y MEDICAL EXAMINER) RY Month, Doy, Yee 19	While Not work 0	OCCURRED 20e. Pl	LACE OF INJURY (Home, form sciory, street, office bldg., etc., 19.46, ta_Stackers, 19.	201. (City	or town) 14-, 1951 the causes a	that I la	ounty)	(Stote) he deceased tated abave
0	MEDICAL CERTIF	QIF EITHER, NOTIFIED AND ACTUAL SIGNATURE	PARPLICAL EXAMINER) RY Month, Doy, Yes 19 that I attended the SEDT 12 STEW CO DN. 122b. DATE THEREO	v 20d. INJURY While of work 0 o	OCCURRED 20e. Pl	tace of INJURY (Home, form actory, street, office bldg., etc., 19.46, to St., to accurred at	201. (City # P 7 M, from ADDRESS (SI)	or town) 14-, 1951 the causes a	that I land an the	punty) ast saw to a date st	(Stote) he deceased tated abave
0	WEDICAL CERTIF	QIF EITHER, NOTIF' 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATIC	MPDICAL EXAMINER) RY Month, Doy, Yec 19 that I attended the PDT 12 STEWAN STEWAN ON, 22b. DATE THEREO 9/17/5	w 20d. INJURY While of work of o	OCCURRED 20e. Plan while work 100 pt 100 pt	h accurred at M.D. 3921 OR CREMATORY	201. (City # P 7 M, from ADDRESS (SI)	or town) 14. 1951 the causes a set, city or town, so 15. D ON (City, town, o	that I lond an the stote)	ost saw the date st	(Stote) the deceased total above DATE SIGNED

Item 14,	Film G234 1029	3 CERTIFIC	ATE OF DEATH			Reg. D	ist. No.	104	411
1. PLACE OF DEATH o. COUNTY mentagement	V	MARYLAND	2. USUAL RESIDENCE (WHO	,	d lived. If Institution b. COUNTY	2	nce before	>	
b. CITY OR TOWN (If outsign RURAL and give nearest h	corporate limits, write own)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (IF OF	utside carpo	1				
d. NAME OF HOSPITAL (IF		et oddress)	d. STREET ADDRESS	, B1	vd.				DENCE FARM? NO 🔀
3. NAME OF DECEASED	verton	Jeter S	Smith	4. DATE OF DEATH	Mon	th	23		eor 958
5. SEX 6. CC		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy) Lo G yrs.	IF UNDE Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Giduring most of morking life Street- Op	e, even if retired)	b. KIND OF BUSINESS OR INDU			ountry)	1	TIZEN OF		COUNTRY
13. FATHER'S NAME	mith		14. MOTHER'S MAIDEN N	1.1	lliam				
15. WAS DECEASED EYER IN U	. S. ARMED FORCES? 1	E79 10 7595 :	lospital record		7600 Ca	roll	Ave	T.	P. Me
18. CAUSE OF DEATH [E		h) - i	BTURY	FAI	iuce		INTER	I AND	TWEEN
162.1 Canditians, if any, w	DUE TO	BRONCH	106 ENIC	CAR	CINOMI	2	6	M	ost
gove rise to immed couse (a), stating the <u>un</u> lying couse lost.	iote (DUS TO	WITH	MOTASI	MSE	7				
PART II. OTHER SIG	NERA LI	S CONTRIBUTING TO DEATH BUT 202 AL	NOT RELATED TO THE TERMIN			EN IN PA		PERFO	NO
20g. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING [] 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Por	t It of item 1B.)				
20c. TIME OF INJURY Mo	Whi	for the state of t	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.	20f. (Cit)	or town)		(County)		(Stote)
21. I certify that I alive an	attended the dece		19.5%, to accurred at 4:05%		,	ind an		e state	
PHYSICIAN'S NAME (Type)				<	\prec		7	1	
220. BURIAL, CREMATION, 22	DATE THEREOF	22c. NAME OF CEMETERY C			TION (City, town,			(State	

ADDRESS4739 Balto. Aveg. REC'D BY REGISTRAR DATE SEP 2 5 '58

Hyattsville, Md.

246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR may be retain TO FUNERAL VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons

uneral director.

ofter death; Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

deby the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled the detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and detached far use as the burial-transit permit. Then please remove carbon papers.

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10413

YEAU.	CERTIFICAT	E OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH O. SOUNTY MONTGOMENS	MARYLAND 2.	a. STATE	eased lived. If institution, Reside b. COUNTY VAN 1-3	nce before admission)
	IGTH OF STAY IN 16		corporate limits, write RURAL and	give nearest town) V
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION 2 1 1 A 1 D n 2 n 1 A 1 U L L L L L L L L L L L L L L L L L L	+ Hospital	d. STREET ADDRESS	ouden ST.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	leller 5.	TAMM 01		Doy Year 2 2 1958
5. SEX 6. COLOR OR RACE 7. MARRIED 1 Fem 2/e. Wh, Te. WIDOWED 1	DIVORCED 8. D	ATE OF BIRTH 11-29-80	9. AGE (In years left UNDE last birthday) 7 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the lob. KIND of dyring most of working life, eyen if retired)	home	11. BIRTHPLACE (State or fore	ign country) 12. C	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME Berths	Heller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES2 (Yes, no. or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 17. INFO	OS bilb	Address	
18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o). (b). and (c).]	tardrál u	Jaretin	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	englised	gertenosch	liveis	years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO S.
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRED. (I	inter nature of injury in Part I a	r Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work of all work of the control of th	OCCURRED 20e. PLACE factory	OF INJURY (Home, farm, 20f., street, affice bldg., etc.)	(City or town)	(County) (State)
21. I certify that I attended the deceased from alive on 9-22, 19 54		, 17, 10	fram the causes and an	last saw the decease
ACTUAL SIGNATURE SIGNATURE	/M.D	0 0	SS (Street, city ar town, state) +ING DP	9-22-18
	ANISH	SILVER S		
Rembivation 9/22/58	NAME OF CEMETERY OR CO	Crematory P	OCATION (City, town, or county) hiladelphia, Pa	
W. allidan.	DDRESS Silver Spring	Md DATE SEP 2		

honeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page & TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaving be detached for use as the burial-transit permit. Then please remove carbon pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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		21 floretty not constitute
, ,		

physician.

CERTIFICATE OF DEATH 10427

Reg. Dist. No. COUNTY Montgomery (If rural five location) 4. DATE (Month) (Day) (Year) DEATH Sept 5 IF UNDER 24 HRS IF UNDER 1 YEAR Months Hours 12. CITIZEN OF WHAT U.S.A. Fleming Same INTERVAL BETWEEN ONSET AND DEATH 24 HRS 20 YRS 20. AUTOPSY? YES [NO (County) (Stata) LOCATION (City, town, or county) York

death. After after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED the Montgomery STATE Maryland MARYLAND (If outside corporata limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) (in this place) 3 Years TOWN German town OR Gaithersburg 77 HOSPITAL OR INSTITUTION OR The STREET Home H.F.D. Marylander ADDRESS within (Middle)C 3. NAME OF (Last) Katherine registrar by the fi DECEASED Sutliff (Typa or Print) 6. COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE lest birthday WIDOWED, DIVORCED, (Specify) W100Wed 1878 Dec. 2 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS with done during most of working life, even If retired) Domestic OR INDUSTRY York New 13. FATHER'S NAME AL 14. MOTHER'S MAIDEN NAME completely Carley certificate be 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yal Oo, or unk.) None Vincent (If Yas, give wer or dates of service) 18. MEDICAL CERTIFICATION or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death ONGESTIVE HEART S IMMEDIATE CAUSE esn DUE TO ANTECEDENT CAUSE(S) PTERIO - SCLEROTIC HEART DISEASE **DIRECTOR:** The law requires that the st been executed by the attending phrate assembly should be detached for us DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. be retained by the hospital DUE TO SENTIDI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 1 CULITIS CIRONIC DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) OF INJURY streat, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Hour) 21e. INJURY OCCURRED (Year) 21f. HOW DID INJURY OCCUR? Not while at work at work тау 22. I hereby certify that I attended the deceased from SEPT. death certificate 1958 158...M, from the causes and on the date stated above alive on SEPT. 5, and that death occurred at has FUNERAL SIGNATURE 10 M certificate 1-55 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) New St. Marys Cemetery Sept 8, 58 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville. Md. Orthur S. Kinus SEP 8

CERTIFICATE OF DEATH

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10428

CERTIFICATE OF DEATH

10414

Reg. Dist. No.

					Reg. Dist. 140,
1. PLACE OF DEATH a. COUNTY Montgomer	y	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived. If institution b. FOUNTY	e Georges
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write Rl	URAL and give nearest town)
Bethesda	eorest town)	26 days	Hvattsvill	e /	6153
d. NAME OF HOSPI	TAL (If not in hospital, give stre		d. STREET ADDRESS		e. IS RESIDENCE
The Clini		ethesda 14, Md.	7647 Green	leaf Road	ON A FARM? YES NO (A)
3. NAME OF DECEASED (Type or print)	First William	Middle Phillip	Sutphin	4. DATE Mont	
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White woo	WED DIVORCED	January 1,	1893 last birthday)	Manths Days Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work done 16 king life, even if retired)	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Clerk		Unascertainable	Virginia		U. S. A.
3. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	
James Sut	phin		Molly Sutp	hin	
		6. SOCIAL SECURITY NO. 17. I	NFORMANT The Med	ical Record Addr	ess
(Yes, no or unknown) NO	(If yes, give war or dates of service) None	Unavailable Th	e Clinical Ce	nter, Bethesda	14, Maryland
	ATH [Enfer only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	toph locace	O Septicem	ia	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a	ny, which) (b) 5.	taph locored	Bunchopn	summen	11 4 7
cause (a), stating lying cause last.	the under-	l'ente Le	whenin		appear 8 ms
PART II. OTI 491 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	art I or Part II of item 18.)	
Y 20c. TIME OF INJUR Hour a. m. p. m.	Whi		ACE OF INJURY (Home, farm, tary, street, office bldg., etc.	20f. (City or town)	(County) (State)
	Leonard Garren	Lavren	accurred at 3:30 F	M, from the causes of ADDRESS (Street, city or town, seal Genter all Institutes	9/15/50
20. BURIAL, CREMATIC REMOVAL (Specify) Burial	9/18/1958	Fort Lincol		22d. LOCATION (City, town, o	~ ~
23. FUNERAL DIRECTOR W.W.Chaml	s signature pers Company	, Riverdale,	Md . DATE	71 0 70	TRAR'S SIGNATURE

ecuted within 24 hours after death may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and cample page 3 sharing be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

> VS A15 (4) 15M 9/55

Manufacture and passengers of the contract of - The training sections . Trenneu Ingennanii. W.

FOR STATE HEALTH DEPT

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your files.
d of Health, necessary, please 4 execute the gertificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral execute the gertificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained 5 FUNERAL CARCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State war its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

5	***	1	2	
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5 A	A 2	/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1042#EDICAL EXAMINER'S CERTIFICATE OF DEATH

10415

Reg. Dist. No.

			SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		Montamery MARYLAND a	STATE me b. COUNTY monty
	ь	b. CITY OR TOWN (If outside comporate limits, write TURAL ond give appress fown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Catin John 2 ym X	Cabin John
	d	d. NAME OF HOSPITAL OPINSTITUTION (If not in hospital, give street oddress)	STREET ADDRESS e. IS RESIDENCE ON A FARM?
)		7802 Tombuson No	802 Tombuson ar YES NO NO
		NAME OF First Middle	Lost 4. DATE Month Doy Year
		(Type or print) along Morgan Tho	nas In DEATH Sept 1 1958
	5. \$	SEX 6. COLOR OR JACE 7. MARRIED NEVER MARRIED B. DATE	lost bursh do
		male whate WIDOWED DIVORCED 7-	5-4913 45 yrs. Months Doys Hours Min.
	10o.	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired)	BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?
	1	Civil Engineer P.C. GOVT.	De Misa
1	13.	FATHER'S NAME	OTHER'S MAIDEN NAME
		aloma M. Thomas	Selma Wendt
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	ANT Address
		YISS WW & Selm	a Thomas (Muther) Itu 2
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comary Dec	lusion and den
		420,1 DUE TO	
		Conditions, if any, which (b)	
		gave rise to immediate cause (a), stating the underlying DUE TO	
		couse fast. (c)	
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	3		YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	ture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF	NJURY (Home, form, et, office bldg., etc.) (City or town) (County) (State)
	MEC	Haur o, m. While Not while foctory, str. p. m. 19 at work of work	
		21. I certify that I taak charge of the remains described above, h	eld on Autopsy , Inspection , Inquiry , and in my
		opinian death resulted fram: Natural causes , Accident ,	Suicide , Hamicide , Undelermined manner
		SIGNATURE Frank 1. / Zurzhart M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
			ASSISTANT MEDICAL EXAMINER
2		NAME (Type) FLAWY J. Bruschaft	DEPUTY MEDICAL EXAMINER Q 9-1-58
	220	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATERS OF CREM	TORY 22d. LOCATION (City, town, or county) (Stote)
		Burial 9/4/58 Ft. Lincoln C	emetery Prince Georges Co. Md.
		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC D BT REGISTRAR 3 SIGNATURE
١.	T	The S. H. Hines Co. Washington, D. C.	DATEEP 3 '58 Orthur S. Kraus

DE SERVICAL EXEMENTS CERTIFICATE OF DEATH ALTO STATE OF STATE OF THE STAT . FIF ACCEPTANCE PROBLEM TO THE PROPERTY OF

10416

184511	021(11110)	0. 0		Reg. Dist. No. CL7
1. PLACE OF DEATH o. COUNTY				ution: Residence before admission)
Montgomery	MARYLAND	o. STATE Distr	ict of Coffant	la
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
RURAL and give nearest town) Bethesda (Rural)	22 days	Washin	gton	47 x 3
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
U.S. Naval Hospital, Bether	sda, Md.	1524 P	otomac Ave.,S	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	onth Day Yeor
(Type or print) Elise Elsie	"S"	THOMPSON	DEATH Septe	ember 14 19 58
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED	3 Sept. 1884	74 yrs	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	Norway		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Soren ANDERSEN		Ellen ANDERS	EN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT		ldress
	Unknown (H	usband) Axel	K. THOMPSON (Same As #2)
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	enocarcinoma,	Left Breast w	ith Metastase	interval Between onset and Death Undetermin
Iying couse lost. (c)				IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	2. (Enter nature of injury in t	ort I or Part II of item IB.)	
20c. TIME OF INJURY Month, Day, Year While of work	_ Not while for	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 14 Sept., 19 ACTUAL SIGNATURE PHYSICIAN'S BUTT C. Johnson,	and that death	occurred at 11:00	M, from the causes ADDRESS (Street, city or town	ethesda, Md. 9-15-5
Burial (Specify) 9-18-58	22c. NAME OF CEMETERY OF CEDER Hill Ce		Suitland, Mar	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page TO HOSPITAL OR TO FUNERAL

VS A15 (4) 15M 10/57

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. W. and the E. Carlotte Street	permitted it amount that they be
interface of possession and according	
	A CLASSA TO THE REAL PROPERTY OF

CERTIFICATE OF DEATH 10431 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND death. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest jown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate_limits; write RURAL and give nearest town) pe NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS hours 2 ů o 3. NAME OF First Middle DATE Month filled DECEASED (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED 6. COLOR-OR RACE 8. DATE OF BIRTH AGE (In feors last birthday) WIDOWED IX DIVORCED | papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if regired P ofter 12 FATHER'S NAME MOTHER'S MAIDEN NAME COL move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO permit. Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. ft. While Not while 19 at work ot work p. m. 21. I certify that attended the deceased from 19____,that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, state ACTUAL PHYSICIAN'S hou NAME (Type) FUNER 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR AOCATION (City, town, or county) REMOVAL (Specify) 0 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES 🗍

(County)

NO 7

(Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

YES NO

Year

195

Reg. Dist. No.

Months

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		date day was		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10432 10432

10418 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)
Montgomery MARYLAND	o. STATE Maryland b. COUNTY Mont	gomery
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give neorest town)
Bethesda	X Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
9938 Mayfield Drive	9938 Mayfield Drive	YES NO
3. NAME OF DECEASED (Type or print) BETTYE JO TREMME]	L Lost 4. DATE Month OF DEATH Sept. 23,1	Doy Year 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Aug. 4. 1922 36 yrs. Months -	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
Housewife Own Home	Illinois	IS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph B. Snyder	Ailleyn C. Sterrett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
	Ernest B. Tremmel-husband-s	same as 2d
18. CAUSS OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Hemorrage		- Contract And Divini
977X DUE TO		found dead
Conditions, if ony, which) (b) Stab wound in 1	eft chest (Heart)	on bedroom
gove rise to immediate cause ((a), stating the underlying DUE TO		floor
cause last. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		1(a) 19. WAS AUTOPSY PERFORMED?
Reported to have been under psyc		YES NO X
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Reported to have been under psyc 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. Self inflicted WAS Self inflicted WAS	nler nature of injury in Part 1 or Port II of Item 18.)	
	ound in left chest	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE Foctor of work of	CE OF INJURY (Home, form, 20f. (City or fawn) (Cau ory, street, affice bldg., etc.)	nly) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC factor 20d. INJURY OCCURRED 20d. INJURY OC	ome Bethesda, Maryla	and
21. I certify that I took charge of the remains described about	ve, held on Autopsy [], Inspection X, Inquir	y 📆, and in my
opinion deoth resulted from: Notural causes . Accident	, Suicide X, Homicide . Undetermined m	nonner 🗌
SIGNATURE Frank J. Bysochart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
NAME (Type) Frank J // Broschart	DEPUTY MEDICAL EXAMINER 9/2	3/58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Slafe)
Burial 9/25/58 Gate of He		Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAP'S SIG	HATHRE . Trans
Robert A. Pumphrey Bethesda, Mar	ryland DATE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is execute the prificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL WIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designoled agent, prior to burial, cremation, or removal, and in my event within 72 hours after death. VS. A15ME 5M 2/57

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		A	
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Depart of a second	22 (20)		

Za. SILVER SPRING. MD.

DATE SEP 2 2

Cirting S. Kroul

VS AI5 (4) 15M 9/55

MARKINAND STATE BEFORTMENT OF HEALTH-BALTINGER 18 makes a compact to the first transfer of transfer of the first transfer of trans

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VS A15 (4) 15M 9/55 10420

10433 CERTIFICATE OF DEATH

3.0200			Keg	J. Dist. No.			
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYLAND	b. COUNTY	sidence before odmission) MONTGOMERY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) BETHESDA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OU KENSINGTO)	rtside corporate limits, write RURAL (ond give nearest town)			
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	varfield St.	IS RESIDENCE ON A FARM? YES NO NO			
3. NAME OF First DECEASED (Type or print) EARL	Middle A	WAGNER	4. DATE Month OF DEATH SEPOT	Doy Year 15 1958			
MALE WhitE WIDOWE		3/5/14	9. AGE (In years lost birthday) LLLyrs.	ths Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. during most lot walking life leven if retired)	Plumbing Cor		or foreign country) 12	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME WAGNE	R	14. MOTHER'S MAIDEN A	INIA D	AUMUDE_			
(Yes, no, or unknown) (If yes, give war or dates of service)	social security no. 17. II	Mrs. William		ne as 2D			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause last. (c)	PORTAL	Circhorsi	s	ONSET AND DEATH ORICLES VEHRS			
PART II. OTHER SIGNIFICANT CONDITIONS C SOUTH MAD U. 3 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CELL CAREI	NOMA PLAK	RYIVX with USS	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Port II of item 18.)	THE ES			
Hour o.m. While	NJURY OCCURRED 20e. PL/ Nat while at wark	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stale)			
21. I certify that I attended the deceased fram							
	elawter	Bethes	SAR 14, MAR	ylrad			
220- BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 9/17/58	Ft. Lincol	n Cemetery	22d. LOCATION (City, town, or cour Prince Geo.	Co. Md.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR	- 11			
Robert A. Pumphrey Be	ethesda, Mar	ATALIA LINE SE	P16'58 C. Than	S. Frank			

		TE OF DEATH		603		
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			Company I de			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0122	CERTIFICATE OF	DEA
0434	CERTIFICATE CT	

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	1114	34	CERTI		AIL OI D	LAII	1		Reg. E	Dist. No.		
PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere decease	d lived. If institu		ence befor	e admiss	ion)
77 .00	tgomerv		MARY	LAND	9.0	ervl	an d	b. COUNT		ntgo	mer	77
b. CITY OR TOWN (If	outside corporate limi	ts, write	LENGTH OF STAY	IN 1b				prote limits, write				
RURAL and give near	rest town)			3.7	X	2 a + h						
Bethesda d. NAME OF HOSPITAL	(If not in hospital, a	ive street od	dress)		d. STREET AL	Beth	esaa				. IS RES	IDENCE
OR INSTITUTION							7. 7.	A			ON A	FARM?
5004 Del					500	+ Lie	lRay	Avenue			162	NO 🔯
NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Mo	nth	Do	,	Yeor
(Type or print)	BERT	HA	M	A	WAHL		DEATH	Septe	mber	13		19 58
SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIE	0	B. DATE OF BIRTH			9. AGE (In year lost birthdoy)	IF UNDE			
Female	White	WIDOWED	DIVORCE		Nov.	14.	1871	86 ym		20	Hours	Min.
o. USUAL OCCUPATION	(Give kind of work	done 10b. KI	ND OF BUSINESS O	R INDUS		CE (Stote	or foreign c		12. C	ITIZEN O	F WHAT	COUNTRY
during most of working			homo		Co	am on				US		
HOUSEWIT	e		wn home		14. MOTHER'S	MAIDEN N				0.5		
							2013					
	Kroeger			1		- 7	1,1					
. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of s		OCIAL SECURITY NO	. 17. 1	NFORMANT			Ad	dress			
No		N	Ione	Jo	ohn A. I	Nah.	-son-	-4826 M	cArt	hur	Bly	d. N
18. CAUSE OF DEATH	Enter only one co	use per line	for (a), (b), and (c).]							RVAL 8E	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) double pu monchy edema.											See.	DEATH
4-20 n	DUE TO		10	C) ()	1000019		- V /V				20	1) V-2,
conditions, if ony, which by congestive neart fallowe 3mas.												
cause (o), stoting th			0		1.		1					
lying couse last.) (c	1 grt	-eriosci-	210	TIC h	epr	7 01	Deade			2 7	rs.
PART 11. OTHE 200. ACCIDENT WAS OR CONTRIBUTING I	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	TU8 HTA	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(o) 15	PERFO	AUTOPSY RMED?
		100										NO
200. ACCIDENT WAS	UNDERLYING []	20b. DESCR	IBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in f	ort 1 or Por	t 11 of item 18.)				
OR CONTRIBUTING L (IF EITHER, NOTIFY M	EDICAL EXAMINER)											
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	or 20d. INJI	URY OCCURRED	20e. PL/	ACE OF INJURY (H	lome, form	20f. (Cih	or town)		(County)		(Stote)
Hour o. m.	19	While	_ Not while _	foo	ctory, street, office	bldg., etc.)			(000,)		(0.0.0)
p. m.		of work [ot work									
21. I certify tha	t I attended the			4	. 19.49	, to	3.Se	QT , 195	S.,that	last sa	w the	decease
alive an 13	Seat	, 19 5	and that	death	accurred at	2 R.	_M, fran	n the causes	and an	the dat	e state	ed abay
	1 1	1	1					treet, city or lowr				ATE SIGNE
ACTUAL SIGNATURE	1 Celle	W.	Wom-		м.р. 765	9 01	d Geo	rgetow	n Rd	. Be	th	0/13
SIGNATURE	1		0//		m.u	7-344	المحالات	ST-E-COSK	Ld	a42	· Sett	-24-2-2
PHYSICIAN'S NAME (Type)	John M	Wyman			7650	014	Can	t o. m	Da	Dat	han	20
						-VIA		rgetown				
20. BURIAL, CREMATION REMOYAL (Specify)	1 1	200	22c. NAME OF CEM					TION (City, town,			(Stat	•)
Burial	1 // //	8		eek	Cemete			shingto		. C.		
. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'I	BY REGIST	TRAR 24b. REG	ISTRAR'S S			
Robert A.	Pumphre	v Be	ethesda.	Mai	cyland	DATE	1 6 '5	o a	Thur S.	Trace	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 te funeral director. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 showered detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/SS

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10433	CERTIFICA	TE OF DEATH	Reg. Dist	No.
1. PLACE OF DEATH O. COUNTY MONT GOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY ACN	before admission) TELMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	bur &	re nearest town)
d. NAME OF HOSPITAL (if not in hospital, give street or ORTHOSPITAL THE STREET	ddress)	d. STREET ADDRESS HUTTON	ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret	Middle	Lost 4. DATE OF DEATH	Month	Day Year 24 19 58
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		2 - 12 - 74		YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or fareign con	untry) 12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME DANES RY	AN	14. MOTHER'S MAIDEN NAME	CONNELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St (Yes. no. or unknown) (It yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	Manica War	Address 5030-1. J. &	M.W. Ubah. K
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Could to the under- Lying couse lost.	rebral Va penteusi	on, Arterios	cident clerosis.	
PART II, OTHER SIGNIFICANT CONDITIONS CO		FOT RELATED TO THE TERMINAL DISEASE (Enter noture of injury in Port I or Port		19. WAS AUTOPSY PERFORMED? YES NO NO
	NOT NOW INJURY OCCURRED.	tener notice of injury in Fort For Fort	n of new ro.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. st. White p. m. 19 at work	Not while focts	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	or town) (Co	unty) (State)
21. I certify that I attended the deceased alive on 27 1, 19 5	- 11	., 19.5 8, to 9/24 occurred at 10.00M, from ADDRESS (Str.		st saw the deceased date stated above DATE SIGNED
PHYSICIAN'S Luciano /	- Leal	Gaither	-sburg	Md.
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 9-24-58	22c. NAME OF CEMETERY OR		ON (City, town, or county) Melrose	(State)
23. FUNERAL DIRECTOR'S SIGNATURE 3 Collins	/ ADDRESSWash. I	240. REC'D BY REGISTR SEP 2 6 5		IATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and campletely filled in the function page 3 shaured at detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 physicial with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer leads.

VS A15 (4) 15M 9/55

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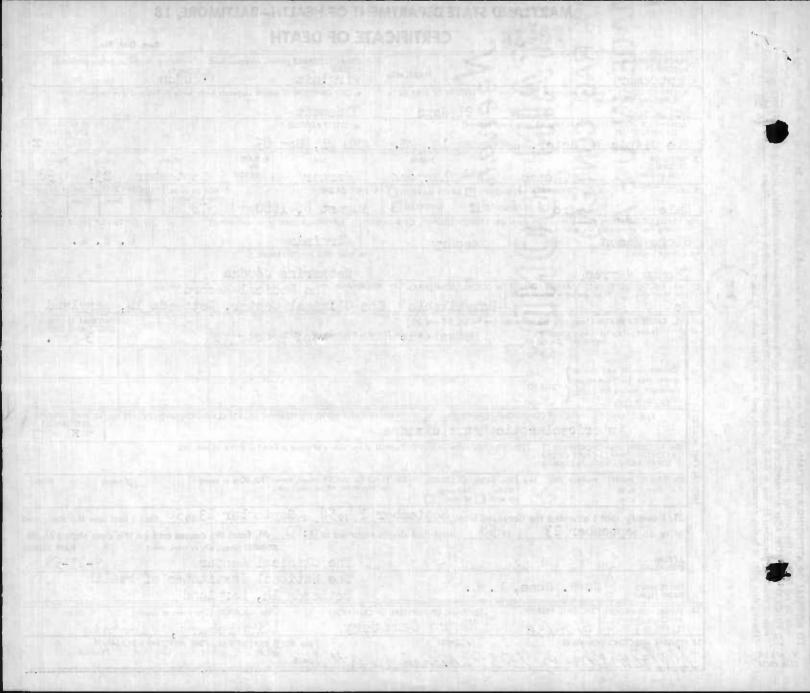
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15M 10/57

death certificate



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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		OR: After this certificate has been signed by the attending physicion and campletely filled in	etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7-should be filed with	1
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PHY	the haspital or attending physician.	this co	or use	burial cremation or remayal and in any event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10437

CERTIFICATE OF DEATH

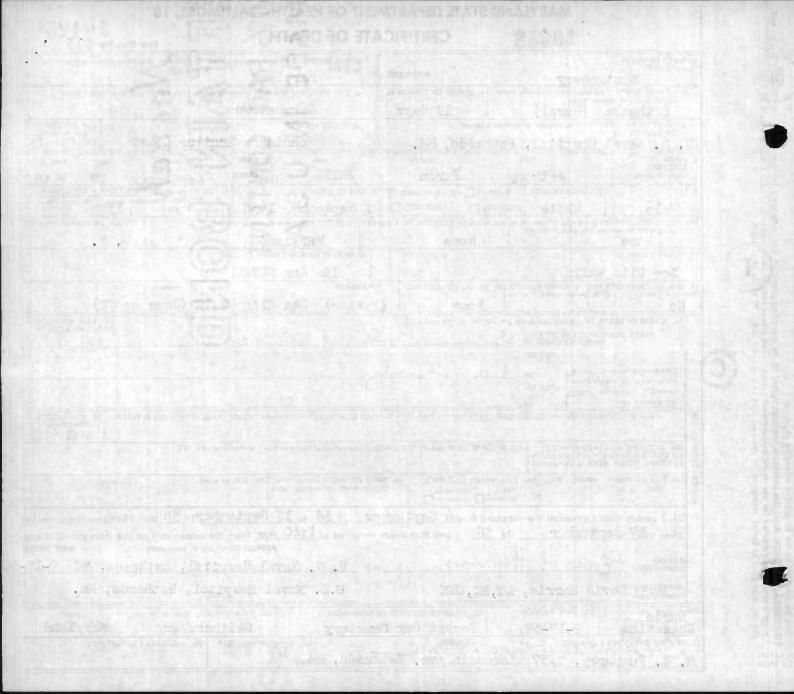
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence bet o. STATE b. COUNTY	fare admission)					
Montgomery	Maryland Montgomery						
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	earest town)					
RURAL ond give neorest lown) Kensington	X Kensington						
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
OR INSTITUTION		ON A FARM?					
9811 Culver Boad	9811 Culver Road	YES NO 1					
3. NAME OF First Middle DECEASED (Type or print) DOROTHY IN A Y	14/ 200 OF	8 19 58					
5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS.					
FEMALE White WIDOWED DIVORCED	3/9/1914 lost birthday) Months Days						
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	ISTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN	OF WHAT COUNTRY					
Secretary Safeway Store	Pennsylvania US						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Nicholas Siegel	Margaret Watson						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.							
(Yes, no or unknown) (If yes, give war or dates of service)							
No 1 1165-20-7834	Wm. N. Watt-Husband-item #2						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		TERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rheum AT	ic HEART Disease 17	YEARS					
4/6 X DUE TO		1					
Conditions, if ony, which (b) (b)							
cause (a), stating the under-							
lying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?					
3		YES NO D					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 or Part 11 of item 18.)						
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County	r) (State)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work	sclory, street, office bldg., etc.)	n (Sidie)					
21. I certify that I attended the deceased from. Nov.	, 19.57, to Sept 8, 19.58 , that I last	saw the decease					
	h accurred at 9:15PM, from the causes and on the d	sow me decease					
alive an Hugust. 1, 1958, and that death							
ACTUAL Mellitte D. Leuter	ADDRESS (Street, city or town, state)	DATE SIGNE					
SIGNATURE SELECT E. DE FRENCES	M.D. 8025 ABERDEEN Rd. Bethesda	145 9/8					
PHYSICIAN'S DEWITT E. DELAWTER		/ /					
	8025 Aberdeen Rd. Bethesda.						
REMOVAL (Specify)		(State)					
Burial 9/11/58 Arlington		nia					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI						
Robert A. Pumphrey Bethesda, Mar	ryland DATE SEP 15 '58 arthur 8. 1	raus					
Tubert A. Fumphrey Detriesda, Ma	Lyland I						

MARTLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 18

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	The fight of the second life and the second settlement and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT

inecessary, please your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is n execute the calificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State be or its designated agent, prior to burial, crematolion, or remaval, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10434EDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH o. COUNTY	ontgomery	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.										
	b. CITY OR TOWN (III and give nearest town Chevy C		RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase							vn)		
, [d. NAME OF HOSPIT	d. STREET	ADDRESS		ille Rd.			ON	SIDENCE A FARM?				
3	3. NAME OF DECEASED (Type or print) Harry Franklin White						ı	4. DATE OF DEATH	Mont Sept.	91	Doy	Ye	58
5	. sex male	make at the co	MARRIED	NEVER MARRIED	B.	DATE OF BIRT			9. AGE (In years lost by thicky)	IF UNDER Months	TYEAR Days		R 24 HRS. Min.
	retired 3. FATHER'S NAME	DN (Give kind of work do g life, even if retired)		D OF BUSINESS OR IN	IDUSTR	PE 14. MOTHER'S	MAIDEN N	IAME			ZEN OI	F WHAT	COUNTRY?
		in White ER IN U. S. ARMED FORM Spanish	muco)	cial security No.		Marti FORMANT Prnard	H.	White	1 0-3		-	cket	
	4.20./ Cenditions, if e gove rise to immed (o), stoting the couse lost.	diote couse		nary occlu) THE TERMI	NAL DISEASE	E CONDITION GIV	VEN IN PART	Su	9. WAS A PERFOI	UTOPSY
	PART II, OTHER PART III, OTHER PART I	NTRIBUTING [Not while	PLAC	E OF INJURY (Home, form	, 120f. (City		(Cou			(Stole)
	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 9/15/58												
		Sept 1	7	Laytonsvi Address ytonsvill	11	e Md	240. REC'D	BY REGISTI				_	•

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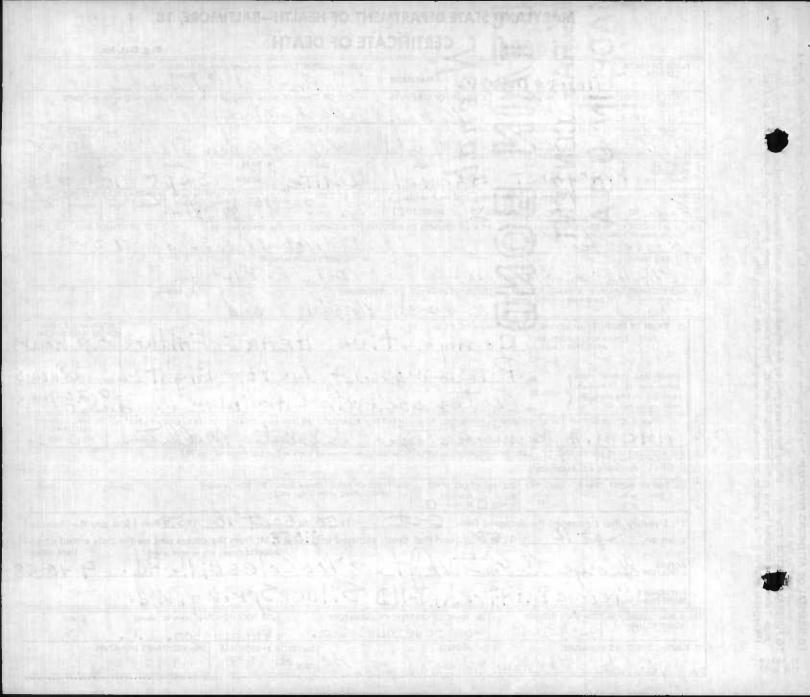
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71	P	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10427 1020C CERTIFICATE OF DEATH Reg Dist No.
200	(制)	10296 CERTIFICATE OF DEATH Reg. Dist. No.
er deam. rage * tuneral director, auld be filed with	141	1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) 3. STATE 4. COUNTY
dire		o. COUNTY MOUTO OUCKY MARYLAND STrict of COCOUNTY his
erol be f		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
fen de		Takoma Park 16 hours Washington, 47x-3
200		d. NAME OF HOSPITAL IT not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	15	Washington Janilavium & Llospital 1401 Sheridan ST. N.W. YES NOS
9 - 5		3. NAME OF DECEASED A First D Middle Lost 4. DATE Month Doy Yeor
ille es l		(Type or print) MATGATET RACHEL White DEATH Sept 10 1958
Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 80 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
3 -		Female winte widowed DIVORCED 12 -30-19 77 8/8/ yrs. Months Days Hours Min.
cample papers.	4	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
5 p 7	deoth	Housewife District of Chumbin U.S.A.
200	T die	13. FATHER'S NAME
icio e	2	Charles G. Harman Mary F. Fluery
physician emove con	hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
e re	72	No No Ne Hospital recent
end	i.e.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] INTERVAL BETWEEN ONSET AND DEATH
of the	≩	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Congestive HEART FAILUR 28 hour
4 t	0 >	422,1 DUE TO D
alby mit.	huy	Conditions, if ony, which) (b) MEUMONIA, LETE + Kight Lan 28 Nour
gner	. <u>c</u>	gove rise to immediate couse (a), stating the under-
n Si	pug	lying couse last. (c) CULLUSSE (EVOIR CATAID UTSCURE) Seaso 1"
ysic bee	<u> </u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN THE PROPERTY OF THE PRO
ng ph) e has burial-	DE O	5 HNEMIH, Kernicious lepe, Diobeles Melilie YES NOT
ding ate	ē	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY COURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 49.8 X
ific the	c,	
o rec	5	20c. TIME OF INJURY Month, Doy, Year Not while of work
to this	E 3	p. m. 19 of work all work
fter fter d fo	<u>,</u>	21. I certify that I attended the deceased from OCC , 19.50, to Sept 10 , 19.58, that I last saw the deceased
och A b	,i.	alive on 1958, and that death occurred at \$ 05PM, from the causes and an the date stated above.
det O	0	ADDRESS (Street, city or lawn, state) DATE SIGNED
200	٥	SIGNATURE GOOGE TS Value 17 M.D. 8 700 CO/ESU; 1/eKd. 9-10-5
toin	a /	PHYSICIAN'S CHORNER PATRICK THINS ! LIEVSON: 14 - 211
e reto	gistrar	NAME (TYPE) CTEORGE D. TATITICK, STILL 2, IDEV SPVING, MICH.
moy b	0	220. BURIAL, CRANATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote)
Peod	Ę	9-13-1958 Congressional Cem. Washington, D.C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD
VS A15 (4))	1. All lui (NC) I May DED & France
1SM 10/S7		JUDILCE Son- 474 VIllaco ON-WAShington, NE DATE SEP 15 '58 Orthun S. Kraus



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		10440 CERTIFICATE OF DEATH Reg. Dist.	10428
)	L	PLACE OF DEATH a. COUNTY C. CITY OR TOWN (If outside corporate limits, write c. ENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neemen
4		RURAL and give neorest toyin) ROLL ON CO. d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE
1	L	Subunban 17807 RIVERRA	YES NO
	L	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER) Y	26 1958 (EAR IF UNDER 24 HRS.
	Y	nale W. WIDOWED DIVORCED Canil 17 1880 18 yrs. Manthy Dr.	
		D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE/ISlote or foreign country) 12. CITIZE TATHERS NAME 14. MOTHER'S MAIDEN NAME	5. A
		WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 211 & Address 211 & Address 211 & Address 211 & Address 211	. Defred
		PART I. DEATH WAS CAUSED BY: Beritonitis	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (o), stoling the under-lying cause last. (b) Cerforation, Metastatic Caracinoma to Colon DUE TO Carcinoma of Stomach.	Years
0	ICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While Nat while at work of wo	nty) (State)
,		21. I certify that I attended the deceased fram 14 Sept. 1958, ta 26 Sept. 1958, that I los alive an 6 Sept. 1958, and that death accurred at 4 Sept. M, fram the causes and an the ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE M.D. 9902 P. Commelline	
-		PHYSICIAN'S NAME (Typo) Betherdon 14 Mary Cand	
	220	DEBUTAL CREMATION, 27th DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LUCATION (City, town, or county) of the county of the co	i Wa
	22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE

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VS A15 (4) 15M 9/55 10441 CERTIFICATE OF DEATH

					Keg, Dist, No.
1	o. COUNTY Montgomery	MARYLAND	o. STATE	b. COUNTY	
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Marylar		Montgomery
	RURAL and give nearest town)	C. LENGTH OF STAT IN IB	C. CITT OK TOWN (IF 6	utside corporote limits, write t	RURAL and give nearest town)
	Bethesda	2 hours	OSilver Spr	ring	
Г	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
ı	Suburban Hospital		2915 Woods	stock Ave	ON A FARM? YES NO
Ē	. NAME OF First	Middle	Lost	4. DATE Mor	nth Day Year
	(Type or print) Newborn	Infant Girl V	Villiams	OF DEATH Sent	17 1958
ľ	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
L	Female White WIDOW	ED DIVORCED	Sept. 11. 1	958 2 hrs"	Months Doys Hours Min.
Ī	0o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Marylan		II.S.A.
P	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0 0 0 0 110
1	Elmer M. Williams		Momr Flin	abeth Maddox	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress
	Yes, no, or unknown) (If yes, give war ar dates of service)		mon M Walla	20	15 Woodstock Ave.
F			mer M. Willia	ms S	Liver Spring Md.
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	7 //	10	INTERVAL BÉTWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	retral	Henerr	lurge	
	760.0 DUE TO				
	Conditions if new which)	in and			1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	gove rise to immediate	sour co			
	couse (o), stoting the under-				
	lying couse lost. (c)				
-	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition giv	/EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	
	Hour o. m. While	NURY OCCURRED Not while k of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
1		0/1		3/11	
	21. I certify that I attended the deceas	ed fram7_/_1/	, 19 <u>> </u> , ta		,that I last saw the deceased
	alive an 12/11, 19	and that death	occurred at 950	M, fram the causes of	and an the date stated above
	1 11/11/11	11/1		ADDRESS (Street, city or town,	stote) DATE SIGNED
	SIGNATURE SIECE COMME	A Onen	Wh.		9/12/58
	John		y.v		
	PHYSICIAN'S WILLIAM J. EVANS	5			
2	20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town.	or county) (Stote)
ľ	REMOVAL (Specify) BURIAL 9/13/58	GLENWOOD CEME	TERY	WASHINGTON, I	D.C.
2	J. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
ĺ	Drummend al Kinka	- SILVER SPRIN			
E	The state of the state of	OTHANK OLIVIN	DATE DE	P 1 5 '58 - a	ila & Kara
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TO FUNERAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10442

CERTIFICATE OF DEATH

o. COUNTY Montgo	mery	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Virgi:	h COUNT	rtion: Residence before admission)
b. CITY OR TOWN (If ou	side corporate limits, wr	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write	RURAL and give nearest town)
Bethesda (Run	- (6 days	1	Church	02
d. NAME OF HOSPITAL (OR INSTITUTION			d. STREET ADDRESS	Charch	e. IS RESIDENCE ON A FARM?
U.S. Naval Ho	spital. Bet	hesda, Md.	6622	Willston Place	e YES NO X
3. NAME OF DECEASED (Type or print)	First Thomas	Middle	VINSTEAD	4. DATE MO	onth Day Yeor ptember 7 1958
5. SEX 6.	COLOR OR RACE 7. A	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
		OWED TO DIVORCED TO	1 Sept. 195	8 last birthday)	goys Hours Hill.
Oa. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working	life, even if retired)	£ _	The second of the latest		
None 3. FATHER'S NAME			Maryland 14. MOTHER'S MAIDEN N		U.S.
Finley Gilber			Joan Marie		
5. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	U. S. ARMED FORCES? I, give wor or dates of service]		NFORMANT		ldress
No		None (Fa	ather) Finley	G. Winstead	(Same As #2)
Conditions, if ony, gove rise to imme couse (a), stating the lying couse lost.	DUE TO (c)	nonings ma	yelocrel ficla		6 11
20a. ACCIDENT WAS U	NDERLYING [20b.	DESCRIBE HOW INJURY OCCURRE			IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH				
20c. TIME OF INJURY A Hour o. m. p. m.	. W	d. INJURY OCCURRED 20e. PL. for wark ot work	ACE OF INJURY (Home, form clary, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
alive on 7 Set	award		U.S. Naval		thesda, Md. 9-8-58
. charter (1.) (ha)					oncode, Par.
20 BURIAL CREATATION	OL DATE THEREOF	OR ALLAND OF COLUMN			
20. BURIAL, CREMATION, REMOVAL (Specify) Burial	9-11-58	22c. NAME OF CEMETERY OF Arlington Na		22d. LOCATION (City, lawn, Arlington, 1	

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(C) a) and) and the desired (see)		
Total establish to Tally 1 Proper	Ping Pages You Item There will be to Addition to the Committee Committee The Committee	the state of the s		
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony dela	the	19	TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sta	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after dea	
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 TO AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

10431

	10443	Reg, Dist, No.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY M ant a c metal MARYLAND	O. STATE MONTH OF DEATH OF THE PROPERTY OF THE
	b. CITY OR TOWNIGH outside corporal limits, write RURAL L. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a tside carporate limits, write RURAL and give negrest town)
	and give pagrest town)	TR. H.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	d. HAME OF HOSPITAL OX INSTITUTION (II HOLI III HOSPITAL, GIVE SITEET BOLICESS)	ON A FARM?
	-uburban respiral	1100 Westfield JR. 1480 NO
	3. NAME OF First Middle	Last 4. DATE Month Doy Year
	(Type or print) DWN PM	10 1V DEATH 9 24 1958
d	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	As a last highlant
	Male WIDOWED DIVORCED	8-24-44 Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired)	Ma- Pa al 118A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	T O P 1.1.01	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Dous Moche
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY"NO. [17. IN [Yes, no, or unknown] (If yes, a war or dates of service)	Address P () All
		ather lownly / Walle TI
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVA DETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE INTRACERED	
1	8/3 X DUE TO	A A M MALE M
	Conditions, if any, which) (b) MULTIPLE CEREBRAL CO	ONTUSIONS AND LACERATIONS 31 hours
	gave rise to immediate cause	ONTUSIONS AND LACERATIONS 31 hours
	(a), stating the underlying cause last.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 201. DESCRIBE HOW INJURY OCCURRED. (En	PERFORMED?
	The EXTERNAL CAUSE WAS DOMESTICS HOW IN HUND OCCUPATION OF	YES X NO []
	PRIMARY PO OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTR	nter nature of injury in Port 1 or Port 11 of item 18.)
	I MARILLAND FREEZERILLAND COM	me by auto
		E OF INJURY (Home, form, 20f. (City or lown) (County) (State)
	9: 24 am. 9/23 1954 of work of work	street Betherle month mo
	21. I certify that I fook charge of the remains described above	re, held on Autopsy , Inspection , Inquiry , and in my
	opinion death resulted from: Notural causes . Accident	
		ondered in other informer
	ACTUAL TO BOTH	CHIEF MEDICAL EXAMINER T
	SIGNATURE Such J. Withan	ASSISTANT MEDICAL EXAMINER
5	EXAMINER'S 1- 50	- 4 71. 12
-	NAME (Type) Into NK J. 13 toschart	- — — — — — — — — — — — — — — — — — — —
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	
	Burial 9/29/1958 Baltimore C	
	23. FUNTERAL CHRECTOR'S SIGNATURE COM aco ADDISS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Ellsworth Armacost-4600 Liberty Hghts	.Ave. DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CHARLES STRAIN SO INSMITTAGE OF APPEAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be rejained by the haspital ar attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 and be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, affer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10445

CERTIFICATE OF DEATH

10433

- 1					***	-8 110.
/	1.	PLACE OF DEATH a. COUNTY A FACTOR	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b COUNTY	Residence before admission)
		RURAL entil give represt town	c. LENGTH OF STAY, IN 16	c. CITY OR TOWN (IF o	priside corporate limits, write RURA	L and give nearest town)
	_	73ethe 5da	36 days	Chewk	(has	
4		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION UL DILLA	au Au	d. STREET ADDRESS	Essey Du	IS RESIDENCE ON A FARM? YES NOTE:
		NAME OF DECEASED	Middle	Lost	4. DATE Month	Day Yeor
	-	(Type or print) SEX / 6. COLOR OR RACE 7. MARRIE	74.	jourg	DEATH JUST	1958
	-	make white WIDOWED	DIVORCED D	DATE OF BIRTH	3 lost birmday) M.	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
	10a	D. USUAL OCCUPATION (Give kind of work done 10b. Kind of most of working life, even if retired)	IND OF BUSINESS OR HOUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	2	atent A Hornly		Jaken	n. 11/255	U.S.A.
)	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME M	1
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SO	OCIAL SECURITY NO. 17. IF	NFORMANT	Address	100
	(Ye	(If yes, give war or dates of service)	1 2/ (205 7	Deans -	Mires a	1h
		1B. CAUSE OF DEATH [Enter only one couse per line	8-34-6325/	wire a	foung -	Nueve.
		PART I. DEATH WAS CAUSED BY:	HOM (1)	11 5000	a to Al anh	INTERVAL BETWEEN ONSET AND DEATH
		334 X IMMEDIATE CAUSE (a) ///	TIEM DIEG	19, Sevel	re, wan apria	15/a 3/ days.
	Н	Conditions, if ony, which)	teninecla	abbsic no	heral 50110	60 FILMS J
		gave rise to immediate cause (o), stoting the under-	10/10/11	103/3/91	11041, 5000	5/13/
		lying cause last. (c)				
2	ON	PART 11. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	N PART I(a) 19. WAS AUTOPSY
)	ICAT	Lett hemil		overe		PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING A 20b. DESCR OR CONTRIBUTING A CAUSE-OF-DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter noture of injury in P	art I or Part II of item 18.)	
	MEDICAL		URY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (Stote)
	MED	Hour a. m. While at work [Not while foc	tory, street, affice bldg., etc.)		
		21. I certify that I attended the deceased	from	, 1953, to_S	SEDT6 1957 H	at I last saw the deceased
		alive on SPP7 5 , 195	1 and that death	accurred at 720		on the date stated above.
		ACTUAL SEAL OF SIL	060		DDRESS (Street, city or town, state	
		SIGNATURE	2/3/3	A.D. 342/ VI	rgomas StA.	W. 9.6:57
		PHYSICIAN'S STEWART	Clapp	Was	1 15 D.C	
	-	REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or co	unty) (State)
	_	FUNERAL DIRECTOR'S SIGNATURE		emetery	Rockville, N	Jaryland
	-) = 1	ADDRESS			R'S SIGNATURE
	П	Robert A. Pumphrey Be	thesda, Mar	yland DATE SE		, 21. / 100000

GENTIFICATE OF DE	
	THE RESIDENCE OF THE PARTY OF T
	Committee of the contract of t